AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2019
April 2017 Meeting

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AMA
AMERICAN MEDICAL ASSOCIATION

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May 24, 2017

Seema Verma
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 April 26-29, 2017 RUC meeting.

CPT 2018 Amended RUC Recommendations

In January 2017, the RUC noted that Anesthesia for Intestinal Endoscopic Procedures, CPT codes 008X1 and 008X2 did not meet the survey threshold requirements. The recommend values for these services were interim and the specialty society resurveyed for the April 2017 RUC meeting. Note that the final recommendation differs from the interim and should be considered for the upcoming Proposed Rule, if possible, as this issue is for the 2018 cycle.

CPT 2019 New and Revised Codes – *April 2017 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 21 new/revised/related family CPT codes at the April 2017 meeting. The RUC submits work value and/or practice expense inputs for 21 new/revised/related family CPT codes from the April meeting.

- The RUC does not offer recommendations on eight new category 1 codes for Adaptive Behavior Analysis as no specialty society expressed interest in reviewing these codes.

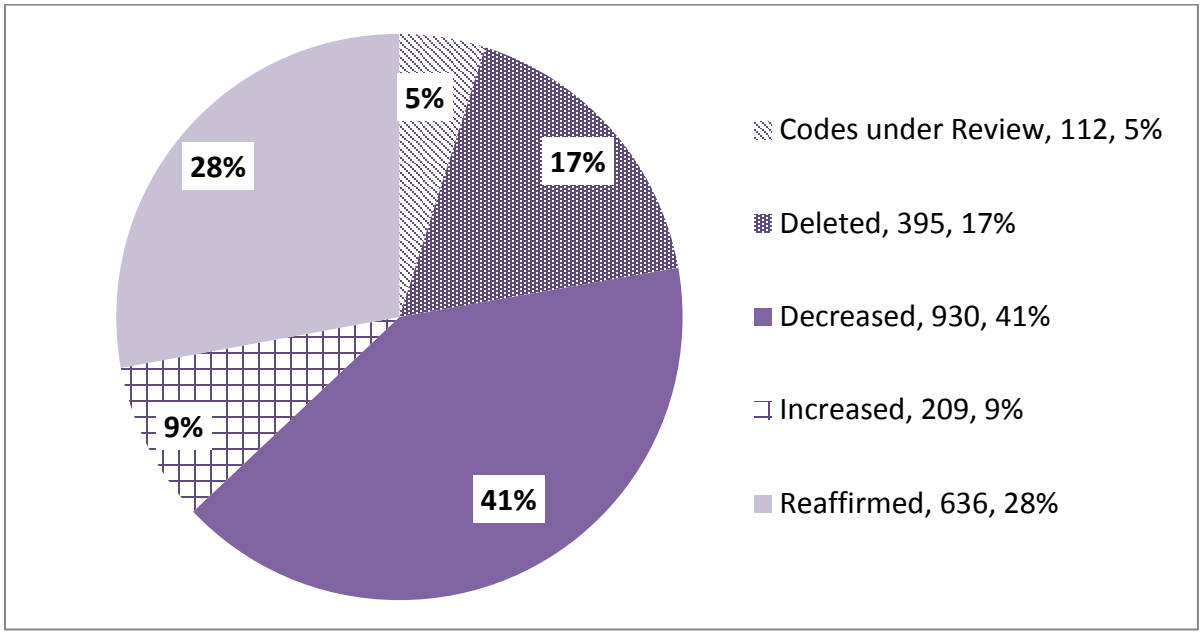
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 48 services identified by the RUC or CMS as potentially misvalued and reviewed at the April 2017 RUC meeting. The RUC recommends work relative values for 47 codes and direct practice expense inputs only for one code.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,282 potentially misvalued services through objective screening criteria and has completed review of 2,170 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 (G-Codes)

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 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more and identified G0402 *Initial Preventive Exam*, G0403 *EKG for Initial Preventive Exam*, G0442 *Annual Alcohol Screening*, G0444 *Annual Depression Screening* and G0447 *Behavioral Counseling for Obesity*.

The RUC reviewed the history of these G-codes and recommended that these services be surveyed for physician work and direct practice expense inputs for the April 2017 meeting. These services were placed on the standard level of interest (LOI) form for survey. However, no specialty societies indicated an interest to survey these services, stating they are not potentially misvalued because these are Medicare established codes and CMS has not identified them as potentially misvalued. However, they would surely endorse a RUC survey of this code if identified by CMS as misvalued and requested by the RUC for review.

In the past, specialty societies have conducted RUC surveys and the RUC has provided recommendations on G-codes without the initial identification by CMS. **The RUC is notifying the Agency that it has identified G0402, G0403, G0442, G0444 and G0447 as potentially misvalued, but will not be submitting recommendations for these services due to the lack of specialty society interest.**

Potentially Misreported Services

Injection - Anesthetic Agent
CPT code 64450 *Injection, anesthetic agent; other peripheral nerve or branch* was identified via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2009 through 2014. In April 2017 the Relativity Assessment Workgroup reviewed an action plan for this issue.

The specialty society indicated and the RUC agreed that the Medicare utilization for CPT code 64450 is decreasing. However, there may be some miscoding with this service as a few providers in three states account for an explicably high proportion of 25% of Medicare claims. **The RUC is notifying CMS of the possible inappropriate reporting of CPT code 64450 and will re-review the utilization data for this service in two years.**

Fluoroscopy (76000-TC)
The RUC observed that the majority of 76000-TC Medicare claims were billed by a single mobile unit provider in California and the top 5 diagnostic codes for these TC claims all pertain to disorders of the back and spine. It appears that this is being done for pain physicians doing spine injections; it was noted that fluoroscopy is bundled into these underlying services. **The RUC recommends that CMS should investigate the use of this service.** Also, with the recent bundling of fluoroscopy into many different procedures, the RUC anticipates the volume for 76000 to greatly decrease going forward.

Injection Tendon Origin/Insertion
The specialty societies identified potential misreporting of CPT code 20551 *Injection(s); single tendon origin/insertion*. For CMS consideration, the Medicare Provider Utilization data indicates that 15 nurse practitioners and physician assistants out of over 1700 providers represented 21% of the total 2014 utilization. In addition, these 15 providers typically reported CPT code 20551 in units of 4-5 per day/session. **The RUC requests that CMS investigate the potential misreporting of CPT code 20551.**

CMS 000-Day Global Typically Reported with an E/M

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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.

As a global issue related to this screen, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable

service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense Subcommittee

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 activities from the April 2017 RUC meeting and the CPT code that the RUC recommends the activity be allocated minutes for:

- Schedule (3 min), assign case and complete forms (5 min) for anesthesia (008X1, 008X2)
- Perform procedure/service in post-service period---NOT directly related to physician work time (9525X, 95800, 95801, 95806)
- Remove splint or cast (29105)
- Clean probe (76870)

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.

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 2,282 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.

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

- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the April 2017 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 544 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,



Peter K. Smith, MD

Enclosures

cc: Carol Blackford
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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2019
INTRODUCTORY MATERIALS

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CPT 2019 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
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						☐		☐
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						☐		☐
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						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
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						☐		☐
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		☑		☐
33282	090	D	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS				☑		☐
33284	090	D	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS				☑		☐
332X5	000	N	Feb 2017	12	Cardiac Event Recorder Procedures - Revise	C1	April 2017	07	ACC, HRS	1.81	1.53		☑		☐
332X6	000	N	Feb 2017	12	Cardiac Event Recorder Procedures - Revise	C2	April 2017	07	ACC, HRS	1.50	1.50		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93285	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑	Affirmed Oct 2016 RUC Recommendation	☐
93290	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.43	0.43	Yes	☑	Affirmed Oct 2016 RUC Recommendation	☐
93291	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.37	0.37		☑	Affirmed Oct 2016 RUC Recommendation	☐
93297	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑	Affirmed January 2017 RUC Recommendation	☐
93298	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑	Affirmed January 2017 RUC Recommendation	☐
93299	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.00	0.00	Yes	☑	Affirmed January 2017 RUC Recommendation (PE Only)	☐
95250	XXX	R	Feb 2017	38	Continuous Glucose Monitoring		April 2017	08	AACE, ACP, ES	0.00	0.00	Yes	☑	Affirmed October 2016 RUC Recommendation (PE Only)	☐
95251	XXX	R	Feb 2017	38	Continuous Glucose Monitoring		April 2017	08	AACE, ACP, ES	0.70	0.70		☑	Affirmed October 2016 RUC Recommendation	☐
9525X	XXX	N	Feb 2017	38	Continuous Glucose Monitoring	D1	April 2017	08	AACE, ACP, ES	0.00	0.00		☑	PE Only	☐
97X51	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E1	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.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
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	☐
97X58	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E8	LOI - No SS						☐	No RUC Recommendation	☐
994X7	XXX	N	Feb 2017	06	Chronic Care Management Services	F1	April 2017	09	AGS, AAFP, AAN, ACP	1.85	1.45		☑		☐

RUC Recommendations for CMS Requests & Relativity Assessn

CPT Code	2017 Long Descriptor	Issue	RUC Recommend-ation
20551	Injection(s); single tendon origin/insertion	Therapeutic Injection Carpal Tunnel	0.75
29105	Application of long arm splint (shoulder to hand)	Application of Long Arm Splint	0.80
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	Percutaneous Change of G-tube	0.75
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Diagnostic Proctosigmoidoscopy - Rigid	0.80
49422	Removal of tunneled intraperitoneal catheter	Removal of Intraperitoneal Catheter	4.00
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	Vaginal Treatments	0.50
57160	Fitting and insertion of pessary or other intravaginal support device	Vaginal Treatments	0.89
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	Biopsy of Uterus Lining	1.21
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	Biopsy of Uterus Lining	0.77
64405	Injection, anesthetic agent; greater occipital nerve	Injection - Greater Occipital Nerve	0.94
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	Injection – Digital Nerves	0.75
65205	Removal of foreign body, external eye; conjunctival superficial	Removal of Foreign Body - Eye	0.49
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	Removal of Foreign Body - Eye	0.75
72020	Radiologic examination, spine, single view, specify level	X-Ray Spine	0.15

72040	Radiologic examination, spine, cervical; 2 or 3 views	X-Ray Spine	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	X-Ray Spine	0.31
72052	Radiologic examination, spine, cervical; 6 or more views	X-Ray Spine	0.35
72070	Radiologic examination, spine; thoracic, 2 views	X-Ray Spine	0.22
72072	Radiologic examination, spine; thoracic, 3 views	X-Ray Spine	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	X-Ray Spine	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	X-Ray Spine	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	X-Ray Spine	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	X-Ray Spine	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	X-Ray Spine	0.31
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	X-Ray Spine	0.22
72200	Radiologic examination, sacroiliac joints; less than 3 views	X-Ray Sacrum	0.17
72202	Radiologic examination, sacroiliac joints; 3 or more views	X-Ray Sacrum	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	X-Ray Sacrum	0.17
73070	Radiologic examination, elbow; 2 views	X-Ray Elbow/Forearm	0.15
73080	Radiologic examination, elbow; complete, minimum of 3 views	X-Ray Elbow/Forearm	0.17
73090	Radiologic examination; forearm, 2 views	X-Ray Elbow/Forearm	0.16
73650	Radiologic examination; calcaneus, minimum of 2 views	X-Ray Heel	0.16
73660	Radiologic examination; toe(s), minimum of 2 views	X-Ray Toe	0.13
74210	Radiologic examination; pharynx and/or cervical esophagus	X-Ray Esophagus	0.59
74220	Radiologic examination; esophagus	X-Ray Esophagus	0.67
74230	Swallowing function, with cineradiography/videoradiography	X-Ray Esophagus	0.53

74420	Urography, retrograde, with or without KUB	X-Ray Urinary Tract	0.52
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	Fluoroscopy	0.30
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)	Fluoroscopy	Refer to CPT for Deletion
76870	Ultrasound, scrotum and contents	Ultrasound Exam - Scrotum	0.64
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	CT Scan for Needle Biopsy	1.50
85060	Blood smear, peripheral, interpretation by physician with written report	Blood Smear Interpretation	0.45
85097	Bone marrow, smear interpretation	Bone Marrow Interpretation	1.00
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Sleep Testing	1.00
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Sleep Testing	1.00
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Sleep Testing	1.08
G0166	External counterpulsation, per treatment session	External Counterpulsation	0.00 (PE Only)
G0168	Wound closure utilizing tissue adhesive(s) only	Wound Closure by Adhesive	0.45
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	Removal of Impacted Cerumen	0.61

nent Identified Codes April 2017

CMS 000-Day Global Typically Reported with an E/M	CMS/Other Utilization Over 100,000	High Volume Growth	New Technology / New Services	Site of Service Anomaly
X				
X				
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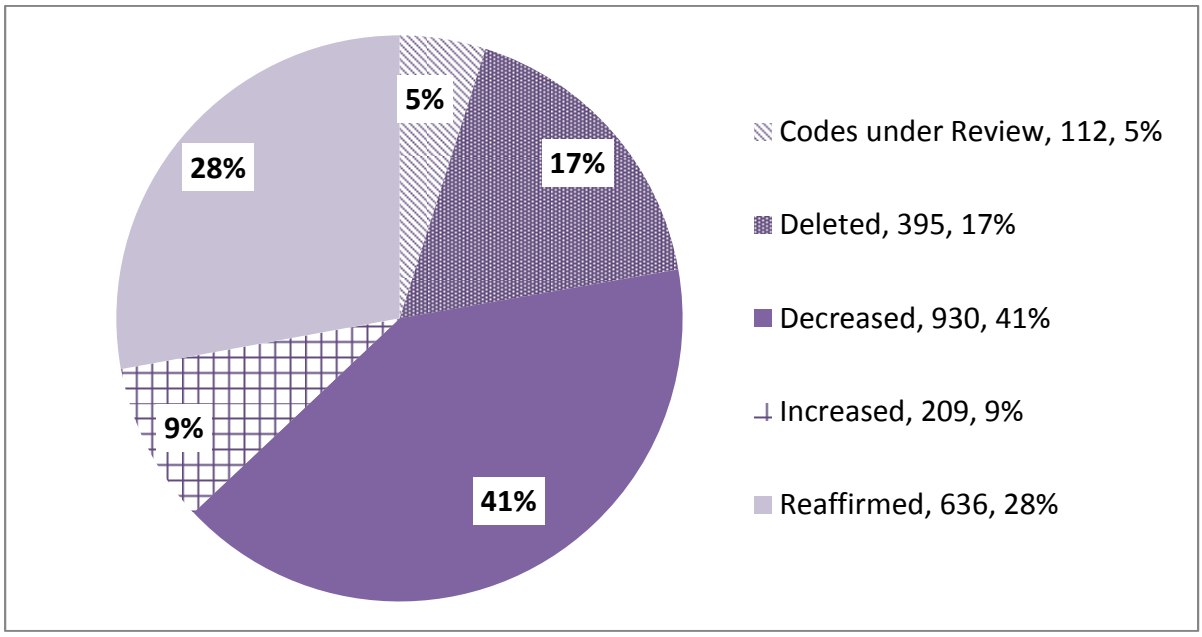
The RUC Relativity Assessment Workgroup Progress Report

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 2,282 services through 17 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 nearly 2,300 potentially misvalued services accounting for $43 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,325 services, redistributing nearly $4.5 billion. Here are the outcomes for the committee's review of 2,282 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 544 services. In September 2010, the re-review cycle began and since then the RUC has recommended 35 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 228 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.

High Volume Growth

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 57 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted eight codes and the RUC submitted recommendations for 41 services for the 2015-2018 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 26 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred three services to the CPT Editorial Panel for revisions and recommended the review of six services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted three codes and the RUC submitted recommendations for six services for the 2017 and 2018 Medicare Physician Payment Schedules. The RUC will review the remaining seven services for the 2019 Medicare Physician Payment Schedule.

In October 2016, the RUC ran this screen again and the query resulted in the identification of 12 services, which the RUC will review two services after additional utilization data is available and provide recommendations for the remaining 10 services for the 2019 Medicare Physician Payment Schedule.

CMS Fastest Growing

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

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

High IWPUT

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

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

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

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

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

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

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

Utilization over 250,000
In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 52 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC 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 161 total codes under review, the CPT® Editorial Panel deleted 50 services and is scheduled to review two codes in the 2019 cycle. The RUC has submitted 107 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.

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 214 services to include additional codes as part of the family. The CPT Editorial Panel deleted 15 codes and will review 27 codes for the 2019 cycle. The RUC submitted 171 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules and will review the remaining services for the 2019 cycle.

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. The RUC submitted 16 recommendations for the 2019 Medicare Physician Payment Schedule.

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

Final Rule for 2013
In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 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 RUC submitted recommendations for 32 services for the 2014-2018 Medicare Physician Payment Schedules. The RUC will review six services after additional utilization data is available.

Final Rule for 2014
CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 91 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules and will review one service after additional data is available.

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 52 services to include additional codes as part of this family. The CPT Editorial Panel deleted 15 services. The RUC submitted 36 recommendations for the 2016-2019 Medicare Physician Payment Schedules and will review one service after additional utilization data is available.

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 41 services to include an additional code as part of the family. The CPT Editorial Panel deleted 3 services. The RUC submitted 32 recommendations for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining six services for the 2019 Medicare Physician Payment Schedule.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,282**
Codes Completed	**2,170**
Work and PE Maintained	636
Work Increased	209
Work Decreased	775
Direct Practice Expense Revised (beyond work changes)	155
Deleted from CPT®	395
Codes Under Review	**112**
Referred to CPT® Editorial Panel	43
RUC to Review for *CPT 2019*	5
RUC future review after additional data obtained	64

**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 nearly $4.5 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 Est Medicare Utilization:** 71,447

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

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:**

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 Est Medicare Utilization:** 1,425,858

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Result: Deleted from CPT

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

007X1 **Global:** **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 5 base units

Referred to CPT September 2016

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

007X2

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6 base units

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

Result: Increase

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 Est Medicare Utilization:** 1,928,703

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

008X1

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 4 base units

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

Result: Decrease

008X2

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 3 base units

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

008X3 **Global:** **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 5 base units **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 26,993

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

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

01936 **Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic** **Global:** XXX **Issue:** 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 Est Medicare Utilization:** 252,549

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**0.00

RUC Recommendation: Review addiitonal data (October 2019) **Referred to CPT**
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 12 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2016 Est Medicare Utilization:** 24,758

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 2.14 **2017 NF PE RVU:** 2.03
2007 Fac PE RVU 0.5 **2017 Fac PE RVU:**0.56

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
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?** No

Most Recent RUC Meeting: April 2016 **Tab** 12 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 191,272

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2017 NF PE RVU:** 2.60
2007 Fac PE RVU 0.4 **2017 Fac PE RVU:**0.48

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Est Medicare Utilization:** 7,816

2007 Work RVU: **2017 Work RVU:** 2.75
2007 NF PE RVU: **2017 NF PE RVU:** 16.41
2007 Fac PE RVU **2017 Fac PE RVU:**1.08

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 Est Medicare Utilization:** 38,496

2007 Work RVU: 1.19 **2017 Work RVU:** 1.21
2007 NF PE RVU: 1.09 **2017 NF PE RVU:** 1.51
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:** 1.15

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 Est Medicare Utilization:** 424,104

2007 Work RVU: 1.19 **2017 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU 0.97 **2017 Fac PE RVU:** 1.43

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 Est Medicare Utilization:** 157,970

2007 Work RVU: 2.42 **2017 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2017 NF PE RVU:** 3.11
2007 Fac PE RVU 1.51 **2017 Fac PE RVU:** 2.38

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 Est Medicare Utilization:** 44,841

2007 Work RVU: 1.23 **2017 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2017 NF PE RVU:** 2.96
2007 Fac PE RVU 0.97 **2017 Fac PE RVU:** 1.59

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Maintain
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 Est Medicare Utilization:** 11,370

2007 Work RVU: 2.27 **2017 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2017 NF PE RVU:** 4.20
2007 Fac PE RVU 1.94 **2017 Fac PE RVU:** 2.32

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

11040 **Deleted from CPT** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 0.56 **2017 NF PE RVU:**
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**

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

11041 **Deleted from CPT** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2017 Work RVU:**
2007 NF PE RVU: 0.68 **2017 NF PE RVU:**
2007 Fac PE RVU 0.3 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,719,960

2007 Work RVU: 0.80 **2017 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2017 NF PE RVU:** 2.17
2007 Fac PE RVU 0.39 **2017 Fac PE RVU:**0.64

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 Est Medicare Utilization:** 326,918

2007 Work RVU: 3.04 **2017 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2017 NF PE RVU:** 3.39
2007 Fac PE RVU 2.62 **2017 Fac PE RVU:**1.39

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 Est Medicare Utilization:** 71,337

2007 Work RVU: 4.11 **2017 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2017 NF PE RVU:** 4.18
2007 Fac PE RVU 3.73 **2017 Fac PE RVU:**1.89

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Est Medicare Utilization:** 359,829

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.59
2007 Fac PE RVU **2017 Fac PE RVU:**0.18

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Est Medicare Utilization:** 152,253

2007 Work RVU: **2017 Work RVU:** 1.03
2007 NF PE RVU: **2017 NF PE RVU:** 0.88
2007 Fac PE RVU **2017 Fac PE RVU:** 0.41

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Est Medicare Utilization:** 34,174

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 1.41
2007 Fac PE RVU **2017 Fac PE RVU:** 0.74

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2016 Est Medicare Utilization:** 894,991

2007 Work RVU: 0.43 **2017 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.98
2007 Fac PE RVU 0.16 **2017 Fac PE RVU:** 0.09

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2016 Est Medicare Utilization:** 2,005,336

2007 Work RVU: 0.61 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.12

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 Est Medicare Utilization:** 368,391

2007 Work RVU: 0.79 **2017 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 1.16
2007 Fac PE RVU 0.28 **2017 Fac PE RVU:**0.16

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

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

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Est Medicare Utilization:** 3,598,177

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2017 NF PE RVU:** 2.01
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.49

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,524,883

2007 Work RVU: 0.41 **2017 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2017 NF PE RVU:** 0.46
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**0.25

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 95,577

2007 Work RVU: 0.51 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2017 NF PE RVU:** 2.10
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.34

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 189,568

2007 Work RVU: 0.85 **2017 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.53

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 117,358

2007 Work RVU: 1.05 **2017 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2017 NF PE RVU:** 2.83
2007 Fac PE RVU 0.47 **2017 Fac PE RVU:**0.62

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 Est Medicare Utilization:** 17,347

2007 Work RVU: 1.24 **2017 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 3.02
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**0.72

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 102,852

2007 Work RVU: 0.67 **2017 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 1.94
2007 Fac PE RVU 0.26 **2017 Fac PE RVU:**0.26

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 99,743

2007 Work RVU: 0.99 **2017 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2017 NF PE RVU:** 2.41
2007 Fac PE RVU 0.41 **2017 Fac PE RVU:**0.43

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 51,114

2007 Work RVU: 1.14 **2017 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2017 NF PE RVU:** 2.74
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:** 0.58

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 Est Medicare Utilization:** 15,369

2007 Work RVU: 1.41 **2017 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 2.69
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:** 0.52

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 79,192

2007 Work RVU: 0.73 **2017 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2017 NF PE RVU:** 2.33
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:** 0.46

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 106,232

2007 Work RVU: 1.05 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2017 NF PE RVU:** 1.90
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:** 0.64

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 52,115

2007 Work RVU: 1.20 **2017 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2017 NF PE RVU:** 3.08
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**0.77

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 Est Medicare Utilization:** 8,352

2007 Work RVU: 1.62 **2017 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2017 NF PE RVU:** 3.37
2007 Fac PE RVU 0.73 **2017 Fac PE RVU:**0.97

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 Est Medicare Utilization:** 1,052,314

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.22
2007 Fac PE RVU 0.07 **2017 Fac PE RVU:**0.04

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

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 Est Medicare Utilization:** 2,118,212

2007 Work RVU: 0.32 **2017 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2017 NF PE RVU:** 0.57
2007 Fac PE RVU 0.11 **2017 Fac PE RVU:**0.08

RUC Recommendation: 0.32 (Interim) **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2016 Est Medicare Utilization:** 7,366,459

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**0.13

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

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

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

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2016 Est Medicare Utilization:** 441,532

2007 Work RVU: 1.10 **2017 Work RVU:** 1.05
2007 NF PE RVU: 1.11 **2017 NF PE RVU:** 1.84
2007 Fac PE RVU 0.4 **2017 Fac PE RVU:**0.46

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 Est Medicare Utilization:** 215,931

2007 Work RVU: 2.40 **2017 Work RVU:** 1.58
2007 NF PE RVU: 2.37 **2017 NF PE RVU:** 2.64
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:**1.54

RUC Recommendation: 1.99

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

Result: Decrease

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

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

Most Recent RUC Meeting: January 2015 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Est Medicare Utilization:** 1,516

2007 Work RVU: 3.48 **2017 Work RVU:**
2007 NF PE RVU: 3.28 **2017 NF PE RVU:**
2007 Fac PE RVU 2.95 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 60,439

2007 Work RVU: 1.31 **2017 Work RVU:** 1.31
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 2.36
2007 Fac PE RVU 0.77 **2017 Fac PE RVU:** 0.81

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

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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 Est Medicare Utilization:** 230,336

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.99
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:** 0.31

RUC Recommendation: 0.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 Est Medicare Utilization:** 68,172

2007 Work RVU: 0.80 **2017 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 1.08
2007 Fac PE RVU 0.37 **2017 Fac PE RVU:** 0.49

RUC Recommendation: 0.80 **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

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

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

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

First Identified: April 2013 **2016 Est Medicare Utilization:** 32,439

2007 Work RVU: 1.48 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2017 NF PE RVU:** 1.45
2007 Fac PE RVU 0.55 **2017 Fac PE RVU:**0.40
Result: Decrease

RUC Recommendation: 1.10

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

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

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

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

First Identified: June 2008 **2016 Est Medicare Utilization:** 12,807

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**0.65
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

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

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

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

First Identified: February 2008 **2016 Est Medicare Utilization:** 3,966

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 2.46
2007 Fac PE RVU 0.81 **2017 Fac PE RVU:**0.81
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

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

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

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

First Identified: June 2008 **2016 Est Medicare Utilization:** 2,512

2007 Work RVU: 3.30 **2017 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2017 NF PE RVU:** 2.67
2007 Fac PE RVU 1.44 **2017 Fac PE RVU:**1.31
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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.38

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

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.83

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

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.45

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.01

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

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.54

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

Result: Decrease

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 Est Medicare Utilization:** 192,340

2007 Work RVU: 1.72 **2017 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2017 NF PE RVU:** 1.59
2007 Fac PE RVU 0.76 **2017 Fac PE RVU:** 0.32

RUC Recommendation: 0.84

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

Result: Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: October 2009 **2016 Est Medicare Utilization:** 147,933

2007 Work RVU: 1.88 **2017 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2017 NF PE RVU:** 1.79
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:** 0.39

RUC Recommendation: 1.14

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Est Medicare Utilization:** 23,105

2007 Work RVU: 2.26 **2017 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU 0.99 **2017 Fac PE RVU:**0.46

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 Est Medicare Utilization:** 6,307

2007 Work RVU: 2.88 **2017 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2017 NF PE RVU:** 2.32
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**0.48

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Est Medicare Utilization:** 1,227

2007 Work RVU: 3.68 **2017 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2017 NF PE RVU:** 2.66
2007 Fac PE RVU 1.46 **2017 Fac PE RVU:**0.62

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 Est Medicare Utilization:** 430

2007 Work RVU: 4.13 **2017 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2017 NF PE RVU:** 2.87
2007 Fac PE RVU 1.73 **2017 Fac PE RVU:**0.87

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Est Medicare Utilization:** 92,069

2007 Work RVU: 1.78 **2017 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2017 NF PE RVU:** 1.88
2007 Fac PE RVU 0.78 **2017 Fac PE RVU:**0.36

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Est Medicare Utilization:** 52,170

2007 Work RVU: 2.01 **2017 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2017 NF PE RVU:** 1.84
2007 Fac PE RVU 0.92 **2017 Fac PE RVU:**0.27

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Est Medicare Utilization:** 7,005

2007 Work RVU: 2.48 **2017 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2017 NF PE RVU:** 1.99
2007 Fac PE RVU 1.04 **2017 Fac PE RVU:**0.35

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Est Medicare Utilization:** 3,483

2007 Work RVU: 3.21 **2017 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2017 NF PE RVU:** 2.32
2007 Fac PE RVU 1.22 **2017 Fac PE RVU:**0.44

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Est Medicare Utilization:** 525

2007 Work RVU: 3.94 **2017 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2017 NF PE RVU:** 2.73
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**0.62

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 Est Medicare Utilization:** 69

2007 Work RVU: 4.72 **2017 Work RVU:** 3.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:**0.80

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Est Medicare Utilization:** 22

2007 Work RVU: 5.54 **2017 Work RVU:** 3.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2017 Fac PE RVU:**0.91

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 61,815

2007 Work RVU: 2.17 **2017 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2017 NF PE RVU:** 4.43
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**2.10

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** October 2009 **2016 Est Medicare Utilization:** 259,161

2007 Work RVU: 2.49 **2017 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2017 NF PE RVU:** 5.71
2007 Fac PE RVU 1.92 **2017 Fac PE RVU:**2.72

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

12034 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm**

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 24,175

2007 Work RVU: 2.94 **2017 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2017 NF PE RVU:** 5.41
2007 Fac PE RVU 1.59 **2017 Fac PE RVU:**2.53

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

Status Report: CMS Requests and Relativity Assessment Issues

12035 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm**

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 4,889

2007 Work RVU: 3.44 **2017 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2017 NF PE RVU:** 6.71
2007 Fac PE RVU 2.14 **2017 Fac PE RVU:**2.81

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, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 1,026

2007 Work RVU: 4.06 **2017 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2017 NF PE RVU:** 6.96
2007 Fac PE RVU 2.47 **2017 Fac PE RVU:**3.03

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 503

2007 Work RVU: 4.68 **2017 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2017 NF PE RVU:** 7.72
2007 Fac PE RVU 2.88 **2017 Fac PE RVU:**3.51

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

Status Report: CMS Requests and Relativity Assessment Issues

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 20,442

2007 Work RVU: 2.39 **2017 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2017 NF PE RVU:** 4.32
2007 Fac PE RVU 1.29 **2017 Fac PE RVU:** 1.93

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, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 50,737

2007 Work RVU: 2.76 **2017 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2017 NF PE RVU:** 5.00
2007 Fac PE RVU 1.63 **2017 Fac PE RVU:** 2.58

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

12044 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 2,250

2007 Work RVU: 3.16 **2017 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2017 NF PE RVU:** 6.52
2007 Fac PE RVU 1.69 **2017 Fac PE RVU:** 2.52

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

Status Report: CMS Requests and Relativity Assessment Issues

12045 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm**

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 425

2007 Work RVU: 3.65 **2017 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2017 NF PE RVU:** 7.02
2007 Fac PE RVU 2.23 **2017 Fac PE RVU:**3.41

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, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 80

2007 Work RVU: 4.26 **2017 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2017 NF PE RVU:** 8.23
2007 Fac PE RVU 2.64 **2017 Fac PE RVU:**3.63

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 38

2007 Work RVU: 4.66 **2017 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2017 NF PE RVU:** 9.85
2007 Fac PE RVU 2.95 **2017 Fac PE RVU:**4.92

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 58,850

2007 Work RVU: 2.49 **2017 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2017 NF PE RVU:** 4.64
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**2.26

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 80,720

2007 Work RVU: 2.81 **2017 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2017 NF PE RVU:** 5.05
2007 Fac PE RVU 1.72 **2017 Fac PE RVU:**2.59

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 9,438

2007 Work RVU: 3.14 **2017 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2017 NF PE RVU:** 6.15
2007 Fac PE RVU 1.68 **2017 Fac PE RVU:**2.63

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 2,669

2007 Work RVU: 3.47 **2017 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2017 NF PE RVU:** 6.19
2007 Fac PE RVU 1.74 **2017 Fac PE RVU:**2.38

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, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 307

2007 Work RVU: 4.44 **2017 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2017 NF PE RVU:** 8.05
2007 Fac PE RVU 2.13 **2017 Fac PE RVU:**3.60

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 53

2007 Work RVU: 5.25 **2017 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2017 NF PE RVU:** 7.93
2007 Fac PE RVU 2.89 **2017 Fac PE RVU:**3.86

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2016 Est Medicare Utilization:** 23

2007 Work RVU: 5.97 **2017 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2017 NF PE RVU:** 8.20
2007 Fac PE RVU 3.53 **2017 Fac PE RVU:** 4.05

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 Est Medicare Utilization:** 5,928

2007 Work RVU: 3.14 **2017 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2017 NF PE RVU:** 6.04
2007 Fac PE RVU 2.35 **2017 Fac PE RVU:** 2.49

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Est Medicare Utilization:** 90,326

2007 Work RVU: 3.93 **2017 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2017 NF PE RVU:** 7.21
2007 Fac PE RVU 2.77 **2017 Fac PE RVU:** 3.29

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 Est Medicare Utilization:** 23,491

2007 Work RVU: 1.24 **2017 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2017 NF PE RVU:** 2.00
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:** 0.70

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 10,928

2007 Work RVU: 3.32 **2017 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2017 NF PE RVU:** 6.22
2007 Fac PE RVU 2.41 **2017 Fac PE RVU:**3.10

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

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

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 171,066

2007 Work RVU: 4.36 **2017 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2017 NF PE RVU:** 7.53
2007 Fac PE RVU 3.02 **2017 Fac PE RVU:**3.13

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

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

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 25,339

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 2.11
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.80

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 39,830

2007 Work RVU: 3.80 **2017 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2017 NF PE RVU:** 6.66
2007 Fac PE RVU 2.74 **2017 Fac PE RVU:**2.94

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Est Medicare Utilization:** 275,886

2007 Work RVU: 6.48 **2017 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 8.04
2007 Fac PE RVU 4.38 **2017 Fac PE RVU:** 3.62

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Est Medicare Utilization:** 15,817

2007 Work RVU: 2.19 **2017 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2017 NF PE RVU:** 2.56
2007 Fac PE RVU 1.02 **2017 Fac PE RVU:** 1.28

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

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

2007 Work RVU: 3.82 **2017 Work RVU:**
2007 NF PE RVU: 4.83 **2017 NF PE RVU:**
2007 Fac PE RVU 2.76 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Est Medicare Utilization:** 35,324

2007 Work RVU: 4.46 **2017 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2017 NF PE RVU:** 7.00
2007 Fac PE RVU 3.17 **2017 Fac PE RVU:** 3.31

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 54,861

2007 Work RVU: 6.34 **2017 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 8.26
2007 Fac PE RVU 4.03 **2017 Fac PE RVU:** 3.94

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 Est Medicare Utilization:** 968

2007 Work RVU: 2.38 **2017 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2017 NF PE RVU:** 2.77
2007 Fac PE RVU 1.11 **2017 Fac PE RVU:** 1.34

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 Est Medicare Utilization:** 8,862

2007 Work RVU: 6.83 **2017 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2017 NF PE RVU:** 10.23
2007 Fac PE RVU 5.63 **2017 Fac PE RVU:** 6.98

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 Est Medicare Utilization:** 9,404

2007 Work RVU: 9.60 **2017 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2017 NF PE RVU:** 12.53
2007 Fac PE RVU 7.22 **2017 Fac PE RVU:**8.58
Result: Decrease

RUC Recommendation: 8.58

Referred to CPT
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 Est Medicare Utilization:** 20,440

2007 Work RVU: 7.66 **2017 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2017 NF PE RVU:** 11.44
2007 Fac PE RVU 6.64 **2017 Fac PE RVU:**7.97
Result: Decrease

RUC Recommendation: 7.02

Referred to CPT
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 Est Medicare Utilization:** 19,148

2007 Work RVU: 11.18 **2017 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2017 NF PE RVU:** 13.56
2007 Fac PE RVU 8.41 **2017 Fac PE RVU:**9.46
Result: Decrease

RUC Recommendation: 9.52

Referred to CPT
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 Est Medicare Utilization:** 72,850

2007 Work RVU: 8.44 **2017 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2017 NF PE RVU:** 11.80
2007 Fac PE RVU 7.17 **2017 Fac PE RVU:**8.32
Result: Maintain

RUC Recommendation: 8.44

Referred to CPT
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 Est Medicare Utilization:** 45,374

2007 Work RVU: 12.67 **2017 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2017 NF PE RVU:** 14.42
2007 Fac PE RVU 8.88 **2017 Fac PE RVU:** 9.99

RUC Recommendation: 10.63

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

Result: Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Est Medicare Utilization:** 96,344

2007 Work RVU: 9.07 **2017 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2017 NF PE RVU:** 11.53
2007 Fac PE RVU 7.39 **2017 Fac PE RVU:** 8.80

RUC Recommendation: Maintain

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

Result: Maintain

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 30,061

2007 Work RVU: 13.67 **2017 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2017 NF PE RVU:** 15.71
2007 Fac PE RVU 9.72 **2017 Fac PE RVU:** 10.81

RUC Recommendation: 11.25

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

Result: Decrease

14300 **Deleted from CPT**

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

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

2007 Work RVU: 13.26 **2017 Work RVU:**
2007 NF PE RVU: 11.77 **2017 NF PE RVU:**
2007 Fac PE RVU 9.28 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 33,693

2007 Work RVU: **2017 Work RVU:** 12.65
2007 NF PE RVU: **2017 NF PE RVU:** 15.99
2007 Fac PE RVU **2017 Fac PE RVU:** 10.72

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 Est Medicare Utilization:** 30,193

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 2.01
2007 Fac PE RVU **2017 Fac PE RVU:** 2.01

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 Est Medicare Utilization:** 19,454

2007 Work RVU: 3.65 **2017 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2017 NF PE RVU:** 5.59
2007 Fac PE RVU 1.65 **2017 Fac PE RVU:** 2.26

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 Est Medicare Utilization:** 26,409

2007 Work RVU: 4.58 **2017 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2017 NF PE RVU:** 6.18
2007 Fac PE RVU 1.97 **2017 Fac PE RVU:**2.57

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

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 Est Medicare Utilization:** 15,143

2007 Work RVU: 9.74 **2017 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2017 NF PE RVU:** 12.66
2007 Fac PE RVU 7.57 **2017 Fac PE RVU:**8.79

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 Est Medicare Utilization:** 10,801

2007 Work RVU: 10.96 **2017 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2017 NF PE RVU:** 12.37
2007 Fac PE RVU 7.71 **2017 Fac PE RVU:**8.20

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 Est Medicare Utilization:**

2007 Work RVU: 5.99 **2017 Work RVU:**
2007 NF PE RVU: 3.79 **2017 NF PE RVU:**
2007 Fac PE RVU 2.37 **2017 Fac PE RVU:**

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

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

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

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

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

2007 Work RVU: 1.55 **2017 Work RVU:**
2007 NF PE RVU: 0.68 **2017 NF PE RVU:**
2007 Fac PE RVU 0.6 **2017 Fac PE RVU:**

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

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

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

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

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

2007 Work RVU: 7.99 **2017 Work RVU:**
2007 NF PE RVU: 5.4 **2017 NF PE RVU:**
2007 Fac PE RVU 3.96 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

2007 Work RVU: 2.45 **2017 Work RVU:**
2007 NF PE RVU: 1.1 **2017 NF PE RVU:**
2007 Fac PE RVU 0.95 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 9,473

2007 Work RVU: 7.95 **2017 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2017 NF PE RVU:** 12.55
2007 Fac PE RVU 6.69 **2017 Fac PE RVU:**8.31

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 Est Medicare Utilization:** 13,672

2007 Work RVU: 10.15 **2017 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2017 NF PE RVU:** 14.54
2007 Fac PE RVU 8.2 **2017 Fac PE RVU:**11.03

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 87,807

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 2.27
2007 Fac PE RVU **2017 Fac PE RVU:** 0.73

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 Est Medicare Utilization:** 9,981

2007 Work RVU: **2017 Work RVU:** 0.33
2007 NF PE RVU: **2017 NF PE RVU:** 0.39
2007 Fac PE RVU **2017 Fac PE RVU:** 0.12

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 Est Medicare Utilization:** 4,076

2007 Work RVU: **2017 Work RVU:** 3.50
2007 NF PE RVU: **2017 NF PE RVU:** 4.39
2007 Fac PE RVU **2017 Fac PE RVU:** 1.72

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 Est Medicare Utilization:** 22,360

2007 Work RVU: **2017 Work RVU:** 0.80
2007 NF PE RVU: **2017 NF PE RVU:** 1.07
2007 Fac PE RVU **2017 Fac PE RVU:** 0.36

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 97,932

2007 Work RVU: **2017 Work RVU:** 1.83
2007 NF PE RVU: **2017 NF PE RVU:** 2.22
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75

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 Est Medicare Utilization:** 4,855

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.43
2007 Fac PE RVU **2017 Fac PE RVU:** 0.17

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 1,384

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.63
2007 Fac PE RVU **2017 Fac PE RVU:** 1.90

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 Est Medicare Utilization:** 2,518

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.24
2007 Fac PE RVU **2017 Fac PE RVU:** 0.47

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 Est Medicare Utilization:**

2007 Work RVU: 5.36 **2017 Work RVU:**
2007 NF PE RVU: 3.66 **2017 NF PE RVU:**
2007 Fac PE RVU 2.49 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

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

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

2007 Work RVU: 1.50 **2017 Work RVU:**
2007 NF PE RVU: 0.69 **2017 NF PE RVU:**
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**

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

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

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

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

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 3.18 **2017 NF PE RVU:**
2007 Fac PE RVU 2.15 **2017 Fac PE RVU:**

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

15331 **Deleted from CPT**

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

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

2007 Work RVU: 1.00 **2017 Work RVU:**
2007 NF PE RVU: 0.46 **2017 NF PE RVU:**
2007 Fac PE RVU 0.39 **2017 Fac PE RVU:**

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

15335 **Deleted from CPT**

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

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

2007 Work RVU: 4.50 **2017 Work RVU:**
2007 NF PE RVU: 3.46 **2017 NF PE RVU:**
2007 Fac PE RVU 2.35 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2007 Work RVU: 1.43 **2017 Work RVU:**
2007 NF PE RVU: 0.7 **2017 NF PE RVU:**
2007 Fac PE RVU 0.55 **2017 Fac PE RVU:**

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

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

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

2007 Work RVU: 3.93 **2017 Work RVU:**
2007 NF PE RVU: 4.47 **2017 NF PE RVU:**
2007 Fac PE RVU 3.13 **2017 Fac PE RVU:**

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

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

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

2007 Work RVU: 1.15 **2017 Work RVU:**
2007 NF PE RVU: 0.58 **2017 NF PE RVU:**
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**

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

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

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

2007 Work RVU: 4.21 **2017 Work RVU:**
2007 NF PE RVU: 4.5 **2017 NF PE RVU:**
2007 Fac PE RVU 3.2 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

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

2007 Work RVU: 1.45 **2017 Work RVU:**
2007 NF PE RVU: 0.7 **2017 NF PE RVU:**
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**

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

15400 **Deleted from CPT**

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

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

2007 Work RVU: 4.38 **2017 Work RVU:**
2007 NF PE RVU: 4.25 **2017 NF PE RVU:**
2007 Fac PE RVU 3.95 **2017 Fac PE RVU:**

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

15401 **Deleted from CPT**

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

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

2007 Work RVU: 1.00 **2017 Work RVU:**
2007 NF PE RVU: 1.67 **2017 NF PE RVU:**
2007 Fac PE RVU 0.42 **2017 Fac PE RVU:**

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

15420 **Deleted from CPT**

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

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

2007 Work RVU: 4.89 **2017 Work RVU:**
2007 NF PE RVU: 4.86 **2017 NF PE RVU:**
2007 Fac PE RVU 3.83 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

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

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

2007 Work RVU: 1.50 **2017 Work RVU:**
2007 NF PE RVU: 1.29 **2017 NF PE RVU:**
2007 Fac PE RVU 0.6 **2017 Fac PE RVU:**

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

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 407

2007 Work RVU: 10.00 **2017 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2017 NF PE RVU:** 13.99
2007 Fac PE RVU 6.71 **2017 Fac PE RVU:**9.12

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 Est Medicare Utilization:** 594

2007 Work RVU: 9.94 **2017 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2017 NF PE RVU:** 13.52
2007 Fac PE RVU 6.53 **2017 Fac PE RVU:**9.67

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 Est Medicare Utilization:** 1,912

2007 Work RVU: 10.52 **2017 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2017 NF PE RVU:** 13.57
2007 Fac PE RVU 7.6 **2017 Fac PE RVU:**9.62

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 Est Medicare Utilization:** 4,493

2007 Work RVU: 9.24 **2017 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2017 NF PE RVU:** 12.24
2007 Fac PE RVU 6.81 **2017 Fac PE RVU:**8.58

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

15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2016 Est Medicare Utilization:** 2,255

2007 Work RVU: 14.12 **2017 Work RVU:** 14.38
2007 NF PE RVU: 12.13 **2017 NF PE RVU:** 15.49
2007 Fac PE RVU 9.56 **2017 Fac PE RVU:**12.34

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 11,278

2007 Work RVU: 19.70 **2017 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2017 NF PE RVU:** 18.00
2007 Fac PE RVU 12.01 **2017 Fac PE RVU:**13.44

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

Status Report: CMS Requests and Relativity Assessment Issues

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk** **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Est Medicare Utilization:** 23,067

2007 Work RVU: 19.62 **2017 Work RVU:** 19.86
2007 NF PE RVU: 17.58 **2017 NF PE RVU:** 19.15
2007 Fac PE RVU 12.32 **2017 Fac PE RVU:** 14.15

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,486

2007 Work RVU: 16.92 **2017 Work RVU:** 17.04
2007 NF PE RVU: 17.17 **2017 NF PE RVU:** 17.54
2007 Fac PE RVU 10.96 **2017 Fac PE RVU:** 12.62

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 Est Medicare Utilization:** 5,772

2007 Work RVU: 18.92 **2017 Work RVU:** 19.04
2007 NF PE RVU: 17.04 **2017 NF PE RVU:** 17.49
2007 Fac PE RVU 11.45 **2017 Fac PE RVU:** 12.87

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel**

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,931

RUC Recommendation: 11.57 **Referred to CPT** February 2009 & February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.57 **2017 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2017 NF PE RVU:** 15.40
2007 Fac PE RVU 8.58 **2017 Fac PE RVU:** 10.94
Result: Maintain

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 7,981

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 3.65
2007 NF PE RVU: **2017 NF PE RVU:** 1.91
2007 Fac PE RVU **2017 Fac PE RVU:** 1.91
Result: Decrease

157X1

Global: **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 Est Medicare Utilization:**

RUC Recommendation: 13.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

157X2

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 15.68 **Referred to CPT** **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 Est Medicare Utilization:** 94,094

2007 Work RVU: 8.12 **2017 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2017 NF PE RVU:** 9.84
2007 Fac PE RVU 6.41 **2017 Fac PE RVU:** 8.08

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, **First Identified:** October 2009 **2016 Est Medicare Utilization:** 16,318

2007 Work RVU: 0.80 **2017 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:** 0.75

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,

First Identified: October 2009 **2016 Est Medicare Utilization:** 1,906

2007 Work RVU: 1.85 **2017 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2017 NF PE RVU:** 2.20
2007 Fac PE RVU 0.94 **2017 Fac PE RVU:** 1.21

RUC Recommendation: 1.85

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

Result: Maintain

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,

First Identified: February 2010 **2016 Est Medicare Utilization:** 828

2007 Work RVU: 2.08 **2017 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2017 NF PE RVU:** 2.85
2007 Fac PE RVU 1.08 **2017 Fac PE RVU:** 1.42

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

Result: Maintain

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 Est Medicare Utilization:** 5,937,587

2007 Work RVU: 0.62 **2017 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2017 NF PE RVU:** 1.20
2007 Fac PE RVU 0.59 **2017 Fac PE RVU:** 0.83

RUC Recommendation: 0.61

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

Result: Decrease

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 Est Medicare Utilization:** 19,058,437

2007 Work RVU: 0.07 **2017 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:** 0.02

RUC Recommendation: 0.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2016 Est Medicare Utilization:** 901,097

2007 Work RVU: 1.82 **2017 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2017 NF PE RVU:** 2.70
2007 Fac PE RVU 1.54 **2017 Fac PE RVU:** 1.30

RUC Recommendation: 1.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Est Medicare Utilization:** 3,280

2007 Work RVU: 4.62 **2017 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2017 NF PE RVU:** 5.54
2007 Fac PE RVU 3.33 **2017 Fac PE RVU:** 3.75

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 977

2007 Work RVU: 9.19 **2017 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2017 NF PE RVU:** 6.84
2007 Fac PE RVU 5.41 **2017 Fac PE RVU:** 4.47

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 Est Medicare Utilization:** 3,948

2007 Work RVU: 13.22 **2017 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2017 NF PE RVU:** 9.70
2007 Fac PE RVU 7.49 **2017 Fac PE RVU:** 6.59

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 Est Medicare Utilization:** 2,225,028

2007 Work RVU: 0.67 **2017 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2017 NF PE RVU:** 2.35
2007 Fac PE RVU 0.74 **2017 Fac PE RVU:** 1.21

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 Est Medicare Utilization: 113,364

2007 Work RVU: 0.94 **2017 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2017 NF PE RVU:** 2.63
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:** 1.36

RUC Recommendation: Remove from screen

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

Result: Remove from screen

17250 **Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: October 2015

2016 Est Medicare Utilization: 168,942

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.67
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.49

RUC Recommendation: CPT Assistant article published

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result:

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 Est Medicare Utilization: 138,309

2007 Work RVU: 1.19 **2017 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2017 NF PE RVU:** 2.67
2007 Fac PE RVU 0.9 **2017 Fac PE RVU:** 1.24

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 Est Medicare Utilization:** 278,228

2007 Work RVU: 1.60 **2017 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2017 NF PE RVU:** 3.10
2007 Fac PE RVU 1.09 **2017 Fac PE RVU:** 1.49

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 Est Medicare Utilization:** 55,699

2007 Work RVU: 1.51 **2017 Work RVU:** 1.54
2007 NF PE RVU: 2 **2017 NF PE RVU:** 2.87
2007 Fac PE RVU 1.05 **2017 Fac PE RVU:** 1.43

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 Est Medicare Utilization:** 85,553

2007 Work RVU: 1.79 **2017 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:** 1.59

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 104,918

2007 Work RVU: 1.74 **2017 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2017 NF PE RVU:** 3.02
2007 Fac PE RVU 1.16 **2017 Fac PE RVU:**1.57

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 Est Medicare Utilization:** 99,468

2007 Work RVU: 2.06 **2017 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2017 NF PE RVU:** 3.41
2007 Fac PE RVU 1.31 **2017 Fac PE RVU:**1.75

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 Est Medicare Utilization:** 751,283

2007 Work RVU: 6.20 **2017 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2017 NF PE RVU:** 11.66
2007 Fac PE RVU 3.16 **2017 Fac PE RVU:**3.81

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 Est Medicare Utilization:** 508,838

2007 Work RVU: 3.30 **2017 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2017 NF PE RVU:** 7.24
2007 Fac PE RVU 1.68 **2017 Fac PE RVU:** 2.02

RUC Recommendation: 3.30 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 114,513

2007 Work RVU: 5.56 **2017 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2017 NF PE RVU:** 11.17
2007 Fac PE RVU 2.83 **2017 Fac PE RVU:** 3.42

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Est Medicare Utilization:** 54,281

2007 Work RVU: 3.06 **2017 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2017 NF PE RVU:** 7.07
2007 Fac PE RVU 1.55 **2017 Fac PE RVU:** 1.88

RUC Recommendation: 3.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

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 Est Medicare Utilization:** 21,404

2007 Work RVU: 0.87 **2017 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.28
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:** 0.54

RUC Recommendation: 0.87

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

Result: Maintain

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

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

First Identified: September 2007 **2016 Est Medicare Utilization:** 1,925

2007 Work RVU: 3.74 **2017 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2017 NF PE RVU:** 8.76
2007 Fac PE RVU 2.76 **2017 Fac PE RVU:** 4.10

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

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 Est Medicare Utilization:** 57,187

2007 Work RVU: **2017 Work RVU:** 3.29
2007 NF PE RVU: **2017 NF PE RVU:** 15.98
2007 Fac PE RVU **2017 Fac PE RVU:** 1.23

RUC Recommendation: 3.29

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

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 Est Medicare Utilization:** 3,945

2007 Work RVU: **2017 Work RVU:** 1.65
2007 NF PE RVU: **2017 NF PE RVU:** 14.37
2007 Fac PE RVU **2017 Fac PE RVU:** 0.62

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 Est Medicare Utilization:** 110,524

2007 Work RVU: **2017 Work RVU:** 3.10
2007 NF PE RVU: **2017 NF PE RVU:** 15.61
2007 Fac PE RVU **2017 Fac PE RVU:** 1.16

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 Est Medicare Utilization:** 13,201

2007 Work RVU: **2017 Work RVU:** 1.55
2007 NF PE RVU: **2017 NF PE RVU:** 13.87
2007 Fac PE RVU **2017 Fac PE RVU:** 0.58

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 4,277

RUC Recommendation: 3.64

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

2007 Work RVU: **2017 Work RVU:** 3.64
2007 NF PE RVU: **2017 NF PE RVU:** 24.93
2007 Fac PE RVU **2017 Fac PE RVU:** 1.36
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 Est Medicare Utilization:** 811

RUC Recommendation: 1.82

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

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 21.16
2007 Fac PE RVU **2017 Fac PE RVU:** 0.68
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 Est 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 **2017 Work RVU:**
2007 NF PE RVU: 3.68 **2017 NF PE RVU:**
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**
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 Est Medicare Utilization:**

2007 Work RVU: 3.69 **2017 Work RVU:**
2007 NF PE RVU: 11.01 **2017 NF PE RVU:**
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Est Medicare Utilization:** 32,086

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.64
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75

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 Est Medicare Utilization:** 2,730

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 3.64
2007 Fac PE RVU **2017 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,927

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 5.49
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75
Result: Decrease

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 Est Medicare Utilization:** 432

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.67
2007 Fac PE RVU **2017 Fac PE RVU:** 0.37
Result: Decrease

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 Est Medicare Utilization:** 21,434

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 1.70
2007 NF PE RVU: **2017 NF PE RVU:** 12.80
2007 Fac PE RVU **2017 Fac PE RVU:** 0.64
Result: Decrease

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 Est Medicare Utilization:** 1,608

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 0.85
2007 NF PE RVU: **2017 NF PE RVU:** 11.85
2007 Fac PE RVU **2017 Fac PE RVU:** 0.32
Result: Decrease

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Est Medicare Utilization:** 293

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 2.55
2007 NF PE RVU: **2017 NF PE RVU:** 21.76
2007 Fac PE RVU **2017 Fac PE RVU:** 0.96
Result: Decrease

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Est Medicare Utilization:** 70

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 1.28
2007 NF PE RVU: **2017 NF PE RVU:** 18.36
2007 Fac PE RVU **2017 Fac PE RVU:** 0.48
Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: 1.27 **2017 Work RVU:**
2007 NF PE RVU: 2.81 **2017 NF PE RVU:**
2007 Fac PE RVU 0.41 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.63 **2017 Work RVU:**
2007 NF PE RVU: 1.17 **2017 NF PE RVU:**
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.57 **2017 NF PE RVU:**
2007 Fac PE RVU 2.02 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 23,722

2007 Work RVU: 15.67 **2017 Work RVU:** 15.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2017 Fac PE RVU:** 9.50
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 Est Medicare Utilization:** 7,474

2007 Work RVU: 15.91 **2017 Work RVU:** 16.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2017 Fac PE RVU:** 12.98
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 Est Medicare Utilization:** 4,591

2007 Work RVU: 6.32 **2017 Work RVU:** 13.99
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2017 Fac PE RVU:** 12.50
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 Est Medicare Utilization:** 7,182

2007 Work RVU: 20.57 **2017 Work RVU:** 18.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2017 Fac PE RVU:** 21.62

RUC Recommendation: 18.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

Global: 010 **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 2.14 **2017 Work RVU:**
2007 NF PE RVU: 2.71 **2017 NF PE RVU:**
2007 Fac PE RVU 1.68 **2017 Fac PE RVU:**

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

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

Global: 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 4,152

2007 Work RVU: 3.55 **2017 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2017 NF PE RVU:** 4.73
2007 Fac PE RVU 2.2 **2017 Fac PE RVU:** 2.59

RUC Recommendation: 3.55. Submit action plan. **Referred to CPT** June 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2016 Est Medicare Utilization:** 3,864

RUC Recommendation: 3.73

Referred to CPT

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

2007 Work RVU: 3.25	**2017 Work RVU:** 2.61
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU 2.44	**2017 Fac PE RVU:** 1.43

Result: Increase

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 3,992

RUC Recommendation: 6.50

Referred to CPT October 2015

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

2007 Work RVU: 8.77	**2017 Work RVU:** 6.00
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU 6.38	**2017 Fac PE RVU:** 3.21

Result: Decrease

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 Est Medicare Utilization:** 1,987

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

2007 Work RVU: 3.51	**2017 Work RVU:** 3.54
2007 NF PE RVU: 8.62	**2017 NF PE RVU:** 9.43
2007 Fac PE RVU 2.52	**2017 Fac PE RVU:** 2.94

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 90,064

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 0.93 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU 0.5 **2017 Fac PE RVU:**0.56

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 Est Medicare Utilization:** 854,492

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.66
2007 Fac PE RVU 0.25 **2017 Fac PE RVU:**0.29

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20551 **Injection(s); single tendon origin/insertion**

Global: 000 **Issue:** 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 Est Medicare Utilization:** 206,744

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.89
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.39

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

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 Est Medicare Utilization:** 370,412

2007 Work RVU: 0.66 **2017 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.36

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 Est Medicare Utilization:** 329,237

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2017 NF PE RVU:** 0.98
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2016 Est Medicare Utilization:** 431,192

2007 Work RVU: 0.66 **2017 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.63
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.29

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 34,361

2007 Work RVU: **2017 Work RVU:** 0.89
2007 NF PE RVU: **2017 NF PE RVU:** 1.07
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

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 Est Medicare Utilization:** 498,620

2007 Work RVU: 0.68 **2017 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Est Medicare Utilization:** 49,206

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.16
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 6,809,227

2007 Work RVU: 0.79 **2017 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU 0.42 **2017 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 Est Medicare Utilization:** 953,153

2007 Work RVU: **2017 Work RVU:** 1.10
2007 NF PE RVU: **2017 NF PE RVU:** 1.33
2007 Fac PE RVU **2017 Fac PE RVU:**0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 27,199

2007 Work RVU: 0.70 **2017 Work RVU:** 0.70
2007 NF PE RVU: 0.71 **2017 NF PE RVU:** 0.93
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.41

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

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 Est Medicare Utilization:** 56,733

2007 Work RVU: 5.90 **2017 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2017 NF PE RVU:** 10.66
2007 Fac PE RVU 3.82 **2017 Fac PE RVU:**5.20

RUC Recommendation: 5.96 and adjustments to pre-service time package 3.

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

Result: Maintain

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Est Medicare Utilization:** 2,938

2007 Work RVU: 6.40 **2017 Work RVU:** 16.27
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2017 Fac PE RVU:**13.09

RUC Recommendation: Maintain

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 6,132

2007 Work RVU: 4.20 **2017 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2017 NF PE RVU:** 7.07
2007 Fac PE RVU 3.92 **2017 Fac PE RVU:**4.65

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 Est Medicare Utilization:** 4,081

2007 Work RVU: 5.77 **2017 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2017 NF PE RVU:** 8.32
2007 Fac PE RVU 5.5 **2017 Fac PE RVU:**1.92

RUC Recommendation: 3.00

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,871

2007 Work RVU: 7.98 **2017 Work RVU:** 4.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2017 Fac PE RVU:**2.79

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

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)**

Global: 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 14,636

2007 Work RVU: 5.70 **2017 Work RVU:** 5.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2017 Fac PE RVU:**5.38

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

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 804

2007 Work RVU: 5.59 **2017 Work RVU:** 9.89
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2017 Fac PE RVU:**8.69

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

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

Global: 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 2,277

2007 Work RVU: 11.07 **2017 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2017 NF PE RVU:** 13.98
2007 Fac PE RVU 9.21 **2017 Fac PE RVU:**10.07

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 6.55 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 8.73 **2017 Fac PE RVU:**

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

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 654

2007 Work RVU: 8.91 **2017 Work RVU:** 14.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2017 Fac PE RVU:**9.98

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21800 **Closed treatment of rib fracture, uncomplicated, each** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.98 **2017 Work RVU:**
2007 NF PE RVU: 1.34 **2017 NF PE RVU:**
2007 Fac PE RVU 1.34 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 2.80 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.28 **2017 Fac PE RVU:**

RUC Recommendation: Referred to CPT for deletion **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 6.92 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.03 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 301

2007 Work RVU: **2017 Work RVU:** 10.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.45

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 264

2007 Work RVU: **2017 Work RVU:** 13.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 5.20

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 38

2007 Work RVU: **2017 Work RVU:** 17.61
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 6.60

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 206

2007 Work RVU: 1.31 **2017 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU 1.77 **2017 Fac PE RVU:** 2.50

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT October 2013 **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 997

2007 Work RVU: 7.65 **2017 Work RVU:** 7.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2017 Fac PE RVU:** 6.03

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 Est Medicare Utilization:** 359

2007 Work RVU: 18.38 **2017 Work RVU:** 15.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2017 Fac PE RVU:** 10.59

RUC Recommendation: 15.54

Referred to CPT June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,845

2007 Work RVU: 20.77 **2017 Work RVU:** 21.02
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2017 Fac PE RVU:** 16.54

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 Est Medicare Utilization:** 2,307

2007 Work RVU: 2.08 **2017 Work RVU:**
2007 NF PE RVU: 2.27 **2017 NF PE RVU:**
2007 Fac PE RVU 1.89 **2017 Fac PE RVU:**

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

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 8,818

2007 Work RVU: 3.69 **2017 Work RVU:** 3.89
2007 NF PE RVU: 2.85 **2017 NF PE RVU:** 4.12
2007 Fac PE RVU 2.4 **2017 Fac PE RVU:** 3.43

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and 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 Est Medicare Utilization:** 4,762

2007 Work RVU: **2017 Work RVU:** 7.90
2007 NF PE RVU: **2017 NF PE RVU:** 38.94
2007 Fac PE RVU **2017 Fac PE RVU:** 3.80

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 Est Medicare Utilization:** 4,949

2007 Work RVU: **2017 Work RVU:** 7.33
2007 NF PE RVU: **2017 NF PE RVU:** 39.11
2007 Fac PE RVU **2017 Fac PE RVU:** 3.63

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Est Medicare Utilization:** 2,803

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 22.60
2007 Fac PE RVU **2017 Fac PE RVU:** 1.49

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Est Medicare Utilization:** 23,659

2007 Work RVU: **2017 Work RVU:** 8.65
2007 NF PE RVU: **2017 NF PE RVU:** 193.39
2007 Fac PE RVU **2017 Fac PE RVU:** 4.82

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 Est Medicare Utilization:** 25,717

2007 Work RVU: **2017 Work RVU:** 7.99
2007 NF PE RVU: **2017 NF PE RVU:** 193.01
2007 Fac PE RVU **2017 Fac PE RVU:** 4.57

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Est Medicare Utilization:** 14,752

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 118.75
2007 Fac PE RVU **2017 Fac PE RVU:** 1.72

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2016 Est Medicare Utilization:**

2007 Work RVU: 9.17 **2017 Work RVU:**
2007 NF PE RVU: 56.83 **2017 NF PE RVU:**
2007 Fac PE RVU 4.84 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 8.60 **2017 Work RVU:**
2007 NF PE RVU: 52.87 **2017 NF PE RVU:**
2007 Fac PE RVU 4.69 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 4.30 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.59 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 9.21 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.6 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 8.81 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.4 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.47 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.12 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 1,234

2007 Work RVU: 24.61 **2017 Work RVU:** 24.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2017 Fac PE RVU:** 17.33

RUC Recommendation: Remove from screen. CPT Assistant article published.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2016 Est Medicare Utilization:** 40,536

2007 Work RVU: **2017 Work RVU:** 25.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 16.79

RUC Recommendation: 24.50

Referred to CPT October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2016 Est Medicare Utilization:** 34,542

2007 Work RVU: **2017 Work RVU:** 6.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.11

RUC Recommendation: 6.50

Referred to CPT October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 5,365

2007 Work RVU: 17.54 **2017 Work RVU:** 17.69
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2017 Fac PE RVU:** 13.36

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 Est Medicare Utilization:** 16,652

2007 Work RVU: 23.33 **2017 Work RVU:** 23.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2017 Fac PE RVU:** 15.08

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2016 Est Medicare Utilization:** 16,011

2007 Work RVU: 5.52 **2017 Work RVU:** 5.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2017 Fac PE RVU:** 2.56

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 46,996

2007 Work RVU: 23.38 **2017 Work RVU:** 23.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2017 Fac PE RVU:** 16.19
Result: Maintain

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

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 126,893

2007 Work RVU: 6.43 **2017 Work RVU:** 6.43
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2017 Fac PE RVU:** 3.11
Result: Decrease

RUC Recommendation: 6.43

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 7,267

2007 Work RVU: 21.89 **2017 Work RVU:** 22.09
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2017 Fac PE RVU:** 16.28
Result: Maintain

RUC Recommendation: 22.09

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,417

2007 Work RVU: 5.22 **2017 Work RVU:** 5.22
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2017 Fac PE RVU:** 2.50

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 37,029

2007 Work RVU: **2017 Work RVU:** 27.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 18.07

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 13,635

2007 Work RVU: **2017 Work RVU:** 8.16
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.94

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 7,229

2007 Work RVU: 13.44 **2017 Work RVU:** 13.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2017 Fac PE RVU:**6.53

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

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 4,714

2007 Work RVU: 19.08 **2017 Work RVU:** 19.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2017 Fac PE RVU:**13.20

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 141,489

2007 Work RVU: 6.70 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.18 **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.63

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 13.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 10.78

RUC Recommendation: 4.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.92

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

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 810

2007 Work RVU: 6.14 **2017 Work RVU:** 8.32
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2017 Fac PE RVU:**6.08

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 Est Medicare Utilization:** 705

2007 Work RVU: 7.77 **2017 Work RVU:** 7.41
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2017 Fac PE RVU:**6.50

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 Est Medicare Utilization:** 8,820

2007 Work RVU: 7.23 **2017 Work RVU:** 7.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2017 Fac PE RVU:**7.92

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 2,935

2007 Work RVU: 7.63 **2017 Work RVU:** 7.77
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2017 Fac PE RVU:**8.14

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

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 38,002

2007 Work RVU: 1.00 **2017 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2017 NF PE RVU:** 2.61
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.38
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
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 Est Medicare Utilization:** 2,702

2007 Work RVU: 8.43 **2017 Work RVU:** 8.54
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2017 Fac PE RVU:**7.71
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
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 Est Medicare Utilization:** 3,883

2007 Work RVU: 12.63 **2017 Work RVU:** 11.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2017 Fac PE RVU:**9.99
Result: Decrease

RUC Recommendation: 11.23

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

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 16,232

2007 Work RVU: 13.55 **2017 Work RVU:** 11.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2017 Fac PE RVU:**10.23
Result: Decrease

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:**

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 681

2007 Work RVU: 10.09 **2017 Work RVU:** 9.23
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2017 Fac PE RVU:** 8.92

RUC Recommendation: 9.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 4,046

2007 Work RVU: 14.75 **2017 Work RVU:** 13.54
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2017 Fac PE RVU:** 11.65

RUC Recommendation: 13.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 17,767

2007 Work RVU: 10.05 **2017 Work RVU:** 10.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2017 Fac PE RVU:** 9.28

RUC Recommendation: 10.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,516

2007 Work RVU: 10.53 **2017 Work RVU:** 10.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2017 Fac PE RVU:** 8.98

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

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 51,615

2007 Work RVU: 22.47 **2017 Work RVU:** 22.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2017 Fac PE RVU:**15.61

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

23540 **Closed treatment of acromioclavicular dislocation; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Est Medicare Utilization:** 439

2007 Work RVU: 2.28 **2017 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2017 NF PE RVU:** 3.62
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**3.72

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 34,939

2007 Work RVU: 3.00 **2017 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2017 NF PE RVU:** 5.72
2007 Fac PE RVU 3.58 **2017 Fac PE RVU:**5.19

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 Est Medicare Utilization:** 215

2007 Work RVU: 3.99 **2017 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2017 NF PE RVU:** 5.89
2007 Fac PE RVU 4.19 **2017 Fac PE RVU:**5.15

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 14,229

2007 Work RVU: 3.44 **2017 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2017 NF PE RVU:** 4.85
2007 Fac PE RVU 2.77 **2017 Fac PE RVU:**4.13

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 2,826

2007 Work RVU: 4.64 **2017 Work RVU:** 4.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.17 **2017 Fac PE RVU:**5.80

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 623

2007 Work RVU: 4.54 **2017 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2017 NF PE RVU:** 6.58
2007 Fac PE RVU 4.61 **2017 Fac PE RVU:**5.75

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 997

2007 Work RVU: 5.25 **2017 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 7.80
2007 Fac PE RVU 5.27 **2017 Fac PE RVU:**6.45

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 1,337

2007 Work RVU: 4.28 **2017 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2017 NF PE RVU:** 5.30
2007 Fac PE RVU 3.45 **2017 Fac PE RVU:**4.44

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 484

2007 Work RVU: 5.50 **2017 Work RVU:** 5.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.26 **2017 Fac PE RVU:**6.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 1,137

2007 Work RVU: 7.38 **2017 Work RVU:** 7.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2017 Fac PE RVU:**8.29

RUC Recommendation: 7.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 2,571

2007 Work RVU: 6.01 **2017 Work RVU:** 6.12
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2017 Fac PE RVU:**6.77

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

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,040

2007 Work RVU: 7.89 **2017 Work RVU:** 8.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.3 **2017 Fac PE RVU:**8.52

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

Status Report: CMS Requests and Relativity Assessment Issues

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,400

2007 Work RVU: 7.28 **2017 Work RVU:** 7.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2017 Fac PE RVU:**7.45

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 Est Medicare Utilization:** 7,745

2007 Work RVU: 8.26 **2017 Work RVU:** 8.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2017 Fac PE RVU:**8.22

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 Est Medicare Utilization:** 722

2007 Work RVU: 5.71 **2017 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2017 NF PE RVU:** 7.84
2007 Fac PE RVU 5.32 **2017 Fac PE RVU:**6.44

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 20,505

2007 Work RVU: 7.02 **2017 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2017 NF PE RVU:** 8.11
2007 Fac PE RVU 6.21 **2017 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:** Sept 2017

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 Est Medicare Utilization:** 3,166

2007 Work RVU: 8.10 **2017 Work RVU:** 8.31
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **2017 Fac PE RVU:**9.02

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 Est Medicare Utilization:** 9,243

2007 Work RVU: 9.35 **2017 Work RVU:** 9.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **2017 Fac PE RVU:**9.68

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 Est Medicare Utilization:** 7,086

2007 Work RVU: 10.86 **2017 Work RVU:** 11.07
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2017 Fac PE RVU:** 10.46

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2016 Est Medicare Utilization:** 16,194

2007 Work RVU: 14.12 **2017 Work RVU:** 14.38
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2017 Fac PE RVU:** 12.98

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Est Medicare Utilization:** 372

2007 Work RVU: 4.75 **2017 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2017 NF PE RVU:** 6.65
2007 Fac PE RVU 4.53 **2017 Fac PE RVU:** 5.57

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

Status Report: CMS Requests and Relativity Assessment Issues

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: April 2017

2016 Est Medicare Utilization: 2,204

2007 Work RVU: 4.97 **2017 Work RVU:** 5.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.21 **2017 Fac PE RVU:**6.37

RUC Recommendation: Submit action plan

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

Result:

26055 **Tendon sheath incision (eg, for trigger finger)**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: April 2017

2016 Est Medicare Utilization: 94,436

2007 Work RVU: 3.00 **2017 Work RVU:** 3.11
2007 NF PE RVU: 13.02 **2017 NF PE RVU:** 12.15
2007 Fac PE RVU 3.92 **2017 Fac PE RVU:**5.16

RUC Recommendation: Submit action plan

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

Result:

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 Est Medicare Utilization: 1,887

2007 Work RVU: 4.36 **2017 Work RVU:** 4.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2017 Fac PE RVU:**5.86

RUC Recommendation: Action plan for RAW Oct 2015. Maintain

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

Result: Maintain

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: **Tab** **Specialty Developing Recommendation:**

First Identified: April 2017

2016 Est Medicare Utilization: 16,400

2007 Work RVU: 3.46 **2017 Work RVU:** 3.57
2007 NF PE RVU: 11.53 **2017 NF PE RVU:** 12.07
2007 Fac PE RVU 4.08 **2017 Fac PE RVU:**5.31

RUC Recommendation: Submit action plan

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

Result:

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 Est Medicare Utilization:** 1,153

2007 Work RVU: 10.22 **2017 Work RVU:** 9.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2017 Fac PE RVU:** 11.44

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 Est Medicare Utilization:** 72

2007 Work RVU: 8.65 **2017 Work RVU:** 11.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2017 Fac PE RVU:** 12.20

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 Est Medicare Utilization:** 49

2007 Work RVU: 9.22 **2017 Work RVU:** 12.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2017 Fac PE RVU:** 13.37

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 Est Medicare Utilization:** 9,293

2007 Work RVU: 6.76 **2017 Work RVU:** 6.90
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2017 Fac PE RVU:** 13.12

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 Est Medicare Utilization:** 531

2007 Work RVU: 3.74 **2017 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2017 NF PE RVU:** 4.77
2007 Fac PE RVU 2.89 **2017 Fac PE RVU:** 4.22

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 7,326

2007 Work RVU: 1.74 **2017 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2017 NF PE RVU:** 3.14
2007 Fac PE RVU 2.07 **2017 Fac PE RVU:** 3.16

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 510

2007 Work RVU: 3.15 **2017 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2017 NF PE RVU:** 5.14
2007 Fac PE RVU 3 **2017 Fac PE RVU:** 4.00

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 5,575

2007 Work RVU: 3.07 **2017 Work RVU:** 3.15
2007 NF PE RVU: 3.3 **2017 NF PE RVU:** 4.21
2007 Fac PE RVU 2.44 **2017 Fac PE RVU:** 3.64

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 362

2007 Work RVU: 6.44 **2017 Work RVU:** 8.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2017 Fac PE RVU:** 6.82

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 Est Medicare Utilization:** 1,713

2007 Work RVU: 5.66 **2017 Work RVU:** 5.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2017 Fac PE RVU:**6.16

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 Est Medicare Utilization:** 458,208

2007 Work RVU: 1.40 **2017 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2017 NF PE RVU:** 2.92
2007 Fac PE RVU 0.33 **2017 Fac PE RVU:**0.80

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 Est Medicare Utilization:** 154,713

2007 Work RVU: 21.61 **2017 Work RVU:** 20.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2017 Fac PE RVU:**14.36

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 Est Medicare Utilization:** 10,797

2007 Work RVU: 30.13 **2017 Work RVU:** 30.28
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2017 Fac PE RVU:** 19.17

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

Referred to CPT

Result: Maintain

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

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2016 Est Medicare Utilization:** 20,015

2007 Work RVU: 5.98 **2017 Work RVU:**
2007 NF PE RVU: 4.98 **2017 NF PE RVU:**
2007 Fac PE RVU 4.98 **2017 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:**

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 Est Medicare Utilization:** 333

2007 Work RVU: 10.08 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 7.4 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.53
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.61

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

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 4.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.05

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 3,347

2007 Work RVU: 6.72 **2017 Work RVU:** 6.83
2007 NF PE RVU: 5.61 **2017 NF PE RVU:** 7.02
2007 Fac PE RVU 5.52 **2017 Fac PE RVU:** 6.90

RUC Recommendation: Submit action plan **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 Est Medicare Utilization:** 2,054

2007 Work RVU: 5.69 **2017 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2017 NF PE RVU:** 6.67
2007 Fac PE RVU 5.06 **2017 Fac PE RVU:** 6.58

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 335

2007 Work RVU: 11.66 **2017 Work RVU:** 11.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2017 Fac PE RVU:** 7.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 59,793

2007 Work RVU: 17.43 **2017 Work RVU:** 17.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2017 Fac PE RVU:** 13.39

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 Est Medicare Utilization:** 331

2007 Work RVU: 13.66 **2017 Work RVU:** 13.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.13 **2017 Fac PE RVU:** 11.01

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 10,760

2007 Work RVU: 17.08 **2017 Work RVU:** 18.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2017 Fac PE RVU:** 13.70

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 Est Medicare Utilization:** 82,617

2007 Work RVU: 21.09 **2017 Work RVU:** 18.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2017 Fac PE RVU:** 13.70

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 Est Medicare Utilization:** 3,541

2007 Work RVU: 7.21 **2017 Work RVU:** 3.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2017 Fac PE RVU:** 0.78

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 Est Medicare Utilization:** 983

2007 Work RVU: 10.92 **2017 Work RVU:** 11.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2017 Fac PE RVU:** 8.60

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 7,625

2007 Work RVU: 5.12 **2017 Work RVU:** 5.24
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.59 **2017 Fac PE RVU:** 5.31

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 6,671

2007 Work RVU: 7.67 **2017 Work RVU:** 7.78
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2017 Fac PE RVU:**7.34

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 758

2007 Work RVU: 4.95 **2017 Work RVU:** 5.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2017 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:**

27370 **Injection of contrast for knee arthrography**

Global: 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 12 **Specialty Developing Recommendation:** AAPMR, ACR **First Identified:** February 2008 **2016 Est Medicare Utilization:** 156,832

2007 Work RVU: 0.96 **2017 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2017 NF PE RVU:** 3.30
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.39

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 17,092

2007 Work RVU: 16.26 **2017 Work RVU:** 17.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2017 Fac PE RVU:** 12.54

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 Est Medicare Utilization:** 303,663

2007 Work RVU: 23.04 **2017 Work RVU:** 20.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2017 Fac PE RVU:** 14.35

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 372

2007 Work RVU: 11.24 **2017 Work RVU:** 11.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.82 **2017 Fac PE RVU:** 8.39

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 373

2007 Work RVU: 9.68 **2017 Work RVU:** 9.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.09 **2017 Fac PE RVU:**7.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 711

2007 Work RVU: 5.84 **2017 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2017 NF PE RVU:** 7.43
2007 Fac PE RVU 4.85 **2017 Fac PE RVU:**6.39

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 321

2007 Work RVU: 8.04 **2017 Work RVU:** 8.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.75 **2017 Fac PE RVU:**8.19

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 361

2007 Work RVU: 12.93 **2017 Work RVU:** 15.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2017 Fac PE RVU:** 10.61

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 Est Medicare Utilization:** 671

2007 Work RVU: 8.47 **2017 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2017 Fac PE RVU:** 5.44

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 Est Medicare Utilization:** 1,412

2007 Work RVU: 12.10 **2017 Work RVU:** 12.24
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2017 Fac PE RVU:** 9.55

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

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 881

2007 Work RVU: 9.73 **2017 Work RVU:** 9.84
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2017 Fac PE RVU:** 7.72

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 2,448

2007 Work RVU: 9.94 **2017 Work RVU:** 9.21
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2017 Fac PE RVU:**8.28

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 Est Medicare Utilization:** 2,605

2007 Work RVU: 10.32 **2017 Work RVU:** 10.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2017 Fac PE RVU:**8.35

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 Est Medicare Utilization:** 3,922

2007 Work RVU: 6.57 **2017 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2017 NF PE RVU:** 11.46
2007 Fac PE RVU 5.26 **2017 Fac PE RVU:**5.76

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

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 Est Medicare Utilization:** 5,970

2007 Work RVU: 6.30 **2017 Work RVU:** 6.41
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2017 Fac PE RVU:**5.70

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

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 Est Medicare Utilization:** 1,430

2007 Work RVU: 8.96 **2017 Work RVU:** 9.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2017 Fac PE RVU:**7.78

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

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 4,015

2007 Work RVU: 10.28 **2017 Work RVU:** 10.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2017 Fac PE RVU:**9.26

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

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 Est Medicare Utilization:** 1,353

2007 Work RVU: 6.15 **2017 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2017 NF PE RVU:** 7.84
2007 Fac PE RVU 5.54 **2017 Fac PE RVU:**6.68

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 317

2007 Work RVU: 5.33 **2017 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2017 NF PE RVU:** 7.03
2007 Fac PE RVU 5.14 **2017 Fac PE RVU:**5.85

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 6,968

2007 Work RVU: 7.91 **2017 Work RVU:** 8.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2017 Fac PE RVU:**8.32

RUC Recommendation: 9.71

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

Result: Maintain

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 Est Medicare Utilization:** 2,840

2007 Work RVU: 5.20 **2017 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2017 NF PE RVU:** 7.04
2007 Fac PE RVU 5.02 **2017 Fac PE RVU:**5.82

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 11,529

2007 Work RVU: 11.10 **2017 Work RVU:** 10.62
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2017 Fac PE RVU:**9.51

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 Est Medicare Utilization:** 2,832

2007 Work RVU: 5.57 **2017 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2017 NF PE RVU:** 7.13
2007 Fac PE RVU 5 **2017 Fac PE RVU:**5.72

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 638

2007 Work RVU: 6.60 **2017 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 7.63
2007 Fac PE RVU 5.25 **2017 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:** Sept 2017

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,120

2007 Work RVU: 4.65 **2017 Work RVU:** 4.77
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.73 **2017 Fac PE RVU:**4.99

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 6,694

2007 Work RVU: 5.78 **2017 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2017 NF PE RVU:** 6.87
2007 Fac PE RVU 3.74 **2017 Fac PE RVU:**3.31

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 Est Medicare Utilization:** 1,063

2007 Work RVU: 5.06 **2017 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 8.53
2007 Fac PE RVU 3.58 **2017 Fac PE RVU:**3.68

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 Est Medicare Utilization:** 2,871

2007 Work RVU: 6.02 **2017 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2017 NF PE RVU:** 10.23
2007 Fac PE RVU 4.28 **2017 Fac PE RVU:**4.99

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

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 Est Medicare Utilization:** 4,927

RUC Recommendation: 8.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.64 **2017 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2017 NF PE RVU:** 11.27
2007 Fac PE RVU 4.31 **2017 Fac PE RVU:**6.07
Result: Increase

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 Est Medicare Utilization:** 13,145

RUC Recommendation: 7.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.56 **2017 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2017 NF PE RVU:** 9.86
2007 Fac PE RVU 5.17 **2017 Fac PE RVU:**5.23
Result: Maintain

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 Est Medicare Utilization:** 11,994

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

2007 Work RVU: 4.88 **2017 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2017 NF PE RVU:** 8.39
2007 Fac PE RVU 3.62 **2017 Fac PE RVU:**4.11
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 78,913

2007 Work RVU: 4.65 **2017 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2017 NF PE RVU:** 9.32
2007 Fac PE RVU 3.42 **2017 Fac PE RVU:**4.74

RUC Recommendation: 5.62

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

Result: Increase

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 Est Medicare Utilization:** 5,026

2007 Work RVU: 8.11 **2017 Work RVU:** 6.90
2007 NF PE RVU: 8.37 **2017 NF PE RVU:** 13.91
2007 Fac PE RVU 5.68 **2017 Fac PE RVU:**5.71

RUC Recommendation: 6.90

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

Result: Decrease

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 Est Medicare Utilization:** 2,035

2007 Work RVU: 5.72 **2017 Work RVU:**
2007 NF PE RVU: 6.75 **2017 NF PE RVU:**
2007 Fac PE RVU 4.55 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.01
2007 NF PE RVU: **2017 NF PE RVU:** 12.36
2007 Fac PE RVU **2017 Fac PE RVU:**5.06

RUC Recommendation: 8.01

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

Result: Decrease

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 Est Medicare Utilization:** 7,808

2007 Work RVU: 8.72 **2017 Work RVU:** 7.44
2007 NF PE RVU: 8.21 **2017 NF PE RVU:** 13.46
2007 Fac PE RVU 5.72 **2017 Fac PE RVU:**5.80

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

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2016 Est Medicare Utilization:** 3,405

2007 Work RVU: 11.10 **2017 Work RVU:**
2007 NF PE RVU: 11.72 **2017 NF PE RVU:**
2007 Fac PE RVU 6.34 **2017 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:**

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 Est Medicare Utilization:** 84

2007 Work RVU: 8.63 **2017 Work RVU:**
2007 NF PE RVU: 7.88 **2017 NF PE RVU:**
2007 Fac PE RVU 4.7 **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.57
2007 NF PE RVU: **2017 NF PE RVU:** 17.80
2007 Fac PE RVU **2017 Fac PE RVU:** 6.12

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 13,194

2007 Work RVU: 9.31 **2017 Work RVU:** 8.25
2007 NF PE RVU: 8.54 **2017 NF PE RVU:** 17.38
2007 Fac PE RVU 5.29 **2017 Fac PE RVU:** 5.88

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

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Est Medicare Utilization:** 2,054

2007 Work RVU: 9.31 **2017 Work RVU:** 9.29
2007 NF PE RVU: 9.34 **2017 NF PE RVU:** 19.91
2007 Fac PE RVU 6.04 **2017 Fac PE RVU:** 7.01

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease
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 Est Medicare Utilization:** 2,716

2007 Work RVU: 8.01 **2017 Work RVU:** 7.75
2007 NF PE RVU: 7.74 **2017 NF PE RVU:** 16.01
2007 Fac PE RVU 4.91 **2017 Fac PE RVU:**5.73

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 Est Medicare Utilization:** 4,867

2007 Work RVU: 11.39 **2017 Work RVU:** 9.29
2007 NF PE RVU: 9.24 **2017 NF PE RVU:** 18.75
2007 Fac PE RVU 6.01 **2017 Fac PE RVU:**6.50

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 Est Medicare Utilization:** 2,399

2007 Work RVU: 9.61 **2017 Work RVU:** 9.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2017 Fac PE RVU:**7.52

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 Est Medicare Utilization:** 2,147

2007 Work RVU: 5.48 **2017 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2017 NF PE RVU:** 9.72
2007 Fac PE RVU 3.53 **2017 Fac PE RVU:**4.21

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 Est Medicare Utilization:** 33,889

2007 Work RVU: 1.99 **2017 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2017 NF PE RVU:** 3.93
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**3.52

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 Est Medicare Utilization:** 778

2007 Work RVU: 1.25 **2017 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.90
2007 Fac PE RVU 0.79 **2017 Fac PE RVU:**1.11

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2017

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 Est Medicare Utilization:** 3,939

2007 Work RVU: 11.97 **2017 Work RVU:** 11.22
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2017 Fac PE RVU:**9.37

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 Est Medicare Utilization:** 2,917

2007 Work RVU: 12.21 **2017 Work RVU:** 10.70
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2017 Fac PE RVU:**8.78

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 Est Medicare Utilization:** 3,579

2007 Work RVU: 9.09 **2017 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2017 NF PE RVU:** 13.89
2007 Fac PE RVU 6.37 **2017 Fac PE RVU:**7.41

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 Est Medicare Utilization:** 13,305

2007 Work RVU: 3.71 **2017 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2017 NF PE RVU:** 9.51
2007 Fac PE RVU 3.4 **2017 Fac PE RVU:**4.64

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 Est Medicare Utilization:** 73,667

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.58
2007 Fac PE RVU 0.68 **2017 Fac PE RVU:**0.89

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 Est Medicare Utilization:** 26,410

2007 Work RVU: 0.87 **2017 Work RVU:** 0.87
2007 NF PE RVU: 1.2 **2017 NF PE RVU:** 1.51
2007 Fac PE RVU 0.52 **2017 Fac PE RVU:**0.71

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 Est Medicare Utilization:** 16,124

2007 Work RVU: 0.65 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:** 0.11

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 Est Medicare Utilization:**

2007 Work RVU: 0.64 **2017 Work RVU:**
2007 NF PE RVU: 0.69 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 24,244

2007 Work RVU: 0.71 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.37 **2017 Fac PE RVU:** 0.11

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 Est Medicare Utilization:** 6,105

2007 Work RVU: 0.55 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU 0.33 **2017 Fac PE RVU:** 0.13

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 Est Medicare Utilization:** 4,883

2007 Work RVU: 0.51 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.33 **2017 Fac PE RVU:**0.14

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 Est Medicare Utilization:** 41,043

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 1.86
2007 Fac PE RVU 0.96 **2017 Fac PE RVU:**1.01

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 Est Medicare Utilization:** 19,278

2007 Work RVU: 0.54 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 0.48
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:**0.12

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2016 Est Medicare Utilization:** 36,477

2007 Work RVU: 0.57 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.11

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 Est Medicare Utilization:** 245,508

2007 Work RVU: 0.51 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2017 NF PE RVU:** 0.32
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:**0.10

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / 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 Est Medicare Utilization:** 57,553

2007 Work RVU: 0.47 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.27
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**0.06

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 Est Medicare Utilization:** 314,661

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.40

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 Est Medicare Utilization:** 167,262

2007 Work RVU: **2017 Work RVU:** 0.25
2007 NF PE RVU: **2017 NF PE RVU:** 1.51
2007 Fac PE RVU **2017 Fac PE RVU:** 0.11

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 Est Medicare Utilization:** 6,906

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 1.64
2007 Fac PE RVU **2017 Fac PE RVU:** 0.09

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Est Medicare Utilization:** 838

2007 Work RVU: **2017 Work RVU:** 0.25
2007 NF PE RVU: **2017 NF PE RVU:** 0.99
2007 Fac PE RVU **2017 Fac PE RVU:** 0.06

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

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 Est Medicare Utilization:** 1,251

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 1.64
2007 Fac PE RVU **2017 Fac PE RVU:** 0.09

RUC Recommendation: Develop CPT Assistant Article **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 0.54 **2017 NF PE RVU:**
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion **Referred to CPT** February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

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 Est Medicare Utilization:** 705

2007 Work RVU: 5.94 **2017 Work RVU:** 6.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2017 Fac PE RVU:**6.31

RUC Recommendation: No NF PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

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 Est Medicare Utilization:** 14,499

2007 Work RVU: 7.49 **2017 Work RVU:** 7.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2017 Fac PE RVU:**7.41

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

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 Est Medicare Utilization:** 33,642

2007 Work RVU: 8.24 **2017 Work RVU:** 8.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **2017 Fac PE RVU:**8.02

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

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 Est Medicare Utilization:** 41,762

2007 Work RVU: 8.82 **2017 Work RVU:** 8.98
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **2017 Fac PE RVU:** 8.68

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 Est Medicare Utilization:** 81,020

2007 Work RVU: 9.05 **2017 Work RVU:** 3.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2017 Fac PE RVU:** 1.51

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 Est Medicare Utilization:** 66,113

2007 Work RVU: 15.44 **2017 Work RVU:** 15.59
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2017 Fac PE RVU:** 12.22

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 Est Medicare Utilization:** 14,481

2007 Work RVU: **2017 Work RVU:** 13.16
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 10.81
Result: Maintain

RUC Recommendation: 13.16

Referred to CPT
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 Est Medicare Utilization:** 91

2007 Work RVU: 5.80 **2017 Work RVU:** 5.88
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2017 Fac PE RVU:** 6.11
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
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 Est Medicare Utilization:** 119

2007 Work RVU: 5.59 **2017 Work RVU:** 5.68
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2017 Fac PE RVU:** 6.21
Result: PE Only

RUC Recommendation: No NF PE inputs

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

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 Est Medicare Utilization:** 1,487

2007 Work RVU: 5.11 **2017 Work RVU:** 5.19
2007 NF PE RVU: NA **2017 NF PE RVU:** 10.44
2007 Fac PE RVU 4.72 **2017 Fac PE RVU:**5.59

RUC Recommendation: New PE non-facility inputs **Referred to CPT** **Result:** PE Only
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 Est Medicare Utilization:** 1,325

2007 Work RVU: 14.14 **2017 Work RVU:** 14.30
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2017 Fac PE RVU:**11.30

RUC Recommendation: 14.14 **Referred to CPT** **Result:** Maintain
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 Est Medicare Utilization:** 2

2007 Work RVU: 5.74 **2017 Work RVU:** 5.88
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2017 Fac PE RVU:**5.79

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

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 Est Medicare Utilization:** 41,953

2007 Work RVU: 3.48 **2017 Work RVU:** 3.57
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.29 **2017 Fac PE RVU:** 8.37

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

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 Est Medicare Utilization:** 2,860

2007 Work RVU: 12.20 **2017 Work RVU:** 12.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2017 Fac PE RVU:** 13.63

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

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 Est Medicare Utilization:** 101,467

2007 Work RVU: 1.21 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:** 0.37

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

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 Est Medicare Utilization:** 52,217

2007 Work RVU: 1.54 **2017 Work RVU:** 1.54
2007 NF PE RVU: 2.8 **2017 NF PE RVU:** 4.50
2007 Fac PE RVU 0.47 **2017 Fac PE RVU:**0.55

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 Est Medicare Utilization:** 6,152

2007 Work RVU: 1.97 **2017 Work RVU:** 1.97
2007 NF PE RVU: 3.57 **2017 NF PE RVU:** 5.44
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.80

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 Est Medicare Utilization:** 1,038

2007 Work RVU: 2.45 **2017 Work RVU:** 2.45
2007 NF PE RVU: 3.91 **2017 NF PE RVU:** 7.04
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**1.13

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 Est Medicare Utilization:** 571,727

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2017 NF PE RVU:** 4.67
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:**0.61

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 Est Medicare Utilization:** 122,777

2007 Work RVU: 2.98 **2017 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2017 NF PE RVU:** 4.35
2007 Fac PE RVU 1.72 **2017 Fac PE RVU:**1.64

RUC Recommendation: 2.60

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

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2016 Est Medicare Utilization:** 29,464

2007 Work RVU: 3.26 **2017 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2017 NF PE RVU:** 4.18
2007 Fac PE RVU 1.9 **2017 Fac PE RVU:**1.70

RUC Recommendation: 2.74

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

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2016 Est Medicare Utilization:** 1,293

2007 Work RVU: 9.23 **2017 Work RVU:** 9.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2017 Fac PE RVU:**7.60

RUC Recommendation: 9.04

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

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2016 Est Medicare Utilization:** 5,562

2007 Work RVU: 2.61 **2017 Work RVU:** 2.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2017 Fac PE RVU:**1.61

RUC Recommendation: 2.61

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31254 **Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Est Medicare Utilization:** 11,829

2007 Work RVU: 4.64 **2017 Work RVU:** 4.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.57 **2017 Fac PE RVU:**2.51

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 32,798

2007 Work RVU: 6.95 **2017 Work RVU:** 6.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.69 **2017 Fac PE RVU:**3.51

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 Est Medicare Utilization:** 16,845

2007 Work RVU: 3.29 **2017 Work RVU:** 3.29
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.92 **2017 Fac PE RVU:**1.90

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Est Medicare Utilization:** 27,663

2007 Work RVU: 5.45 **2017 Work RVU:** 5.45
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.96 **2017 Fac PE RVU:**2.85

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, with or without removal of tissue from frontal sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Est Medicare Utilization:** 23,507

2007 Work RVU: 8.84 **2017 Work RVU:** 8.84
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.58 **2017 Fac PE RVU:**4.34

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 9,452

2007 Work RVU: 3.91 **2017 Work RVU:** 3.91
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2017 Fac PE RVU:**2.17

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Est Medicare Utilization:** 10,512

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.57 **2017 Work RVU:** 4.57
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.54 **2017 Fac PE RVU:** 2.47
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 Est Medicare Utilization:** 28,465

RUC Recommendation: 2.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 2.70
2007 NF PE RVU: **2017 NF PE RVU:** 54.22
2007 Fac PE RVU **2017 Fac PE RVU:** 1.60
Result: Maintain

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 Est Medicare Utilization:** 28,046

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 3.29
2007 NF PE RVU: **2017 NF PE RVU:** 54.70
2007 Fac PE RVU **2017 Fac PE RVU:** 1.86
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 19,413

2007 Work RVU: **2017 Work RVU:** 2.64
2007 NF PE RVU: **2017 NF PE RVU:** 54.38
2007 Fac PE RVU **2017 Fac PE RVU:** 1.58

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 279,090

2007 Work RVU: 2.33 **2017 Work RVU:** 3.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.52 **2017 Fac PE RVU:** 0.71

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 21.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 16.35

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**

Global: 080 **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 20.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 17.94

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 22.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 19.95

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 22.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 22.33

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 5,489

2007 Work RVU: 4.26 **2017 Work RVU:** 4.26
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:** 2.33

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

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 Est Medicare Utilization: 656,844

2007 Work RVU: 1.10 **2017 Work RVU:** 0.94

2007 NF PE RVU: 1.82 **2017 NF PE RVU:** 2.16

2007 Fac PE RVU 0.84 **2017 Fac PE RVU:** 0.87

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

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 Est Medicare Utilization: 77,407

2007 Work RVU: 2.26 **2017 Work RVU:** 1.88

2007 NF PE RVU: 3.5 **2017 NF PE RVU:** 2.90

2007 Fac PE RVU 1.37 **2017 Fac PE RVU:** 1.30

RUC Recommendation: 1.94

Referred to CPT

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

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

Screen: 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2016 Est Medicare Utilization: 20

2007 Work RVU: 14.46 **2017 Work RVU:** 14.60

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 15.31 **2017 Fac PE RVU:** 19.00

RUC Recommendation: 14.60

Referred to CPT October 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 38

2007 Work RVU: 22.87 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 24.48 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) of fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Est Medicare Utilization:** 23

2007 Work RVU: 20.35 **2017 Work RVU:** 17.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2017 Fac PE RVU:**19.55

RUC Recommendation: 20.00

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

Result: Decrease

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 Est Medicare Utilization:** 18

2007 Work RVU: 15.12 **2017 Work RVU:** 15.27
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2017 Fac PE RVU:**15.63

RUC Recommendation: 15.27

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

Result: Decrease

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 Est Medicare Utilization:** 1,300

2007 Work RVU: 14.62 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 13.07 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 13.56
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 14.44

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 25.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 19.94

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease
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 Est Medicare Utilization:** 29,546

2007 Work RVU: 7.17 **2017 Work RVU:** 7.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.95 **2017 Fac PE RVU:** 2.94

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase
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 Est Medicare Utilization:** 7

2007 Work RVU: 4.44 **2017 Work RVU:** 4.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.21 **2017 Fac PE RVU:** 1.32

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 988

2007 Work RVU: 4.14 **2017 Work RVU:** 4.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**1.59
Result: Increase

RUC Recommendation: 6.00

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

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 Est Medicare Utilization:** 300

2007 Work RVU: 3.57 **2017 Work RVU:** 3.57
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.1 **2017 Fac PE RVU:**1.11
Result: Increase

RUC Recommendation: 6.45

Referred to CPT
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 Est Medicare Utilization:** 1,759

2007 Work RVU: 9.29 **2017 Work RVU:** 9.38
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.99 **2017 Fac PE RVU:**9.57
Result: Increase

RUC Recommendation: 12.00

Referred to CPT
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 Est Medicare Utilization:** 865

2007 Work RVU: 5.92 **2017 Work RVU:** 6.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2017 Fac PE RVU:**8.46
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

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 Est Medicare Utilization:**

2007 Work RVU: 1.40 **2017 Work RVU:**
2007 NF PE RVU: 5.73 **2017 NF PE RVU:**
2007 Fac PE RVU 0.5 **2017 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:**

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 Est Medicare Utilization:** 64,510

2007 Work RVU: 2.78 **2017 Work RVU:** 2.53
2007 NF PE RVU: 5.55 **2017 NF PE RVU:** 4.05
2007 Fac PE RVU 1.02 **2017 Fac PE RVU:**1.00

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?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Est Medicare Utilization:** 31,349

2007 Work RVU: 2.88 **2017 Work RVU:** 2.63
2007 NF PE RVU: 6.32 **2017 NF PE RVU:** 4.85
2007 Fac PE RVU 1.02 **2017 Fac PE RVU:**1.02

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

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2016 Est Medicare Utilization:** 22,235

2007 Work RVU: 3.36 **2017 Work RVU:** 3.11
2007 NF PE RVU: 5.73 **2017 NF PE RVU:** 6.04
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**1.14

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,487

2007 Work RVU: **2017 Work RVU:** 3.91
2007 NF PE RVU: **2017 NF PE RVU:** 19.57
2007 Fac PE RVU **2017 Fac PE RVU:** 1.41

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 Est Medicare Utilization:** 34,721

2007 Work RVU: 3.80 **2017 Work RVU:** 3.55
2007 NF PE RVU: 7.02 **2017 NF PE RVU:** 6.17
2007 Fac PE RVU 1.26 **2017 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 Est Medicare Utilization:** 16,709

2007 Work RVU: 4.09 **2017 Work RVU:** 3.75
2007 NF PE RVU: 13.7 **2017 NF PE RVU:** 8.27
2007 Fac PE RVU 1.35 **2017 Fac PE RVU:** 1.33

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 Est Medicare Utilization:** 3,938

2007 Work RVU: 1.03 **2017 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU 0.3 **2017 Fac PE RVU:**0.31

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 Est Medicare Utilization:** 2,992

2007 Work RVU: 1.32 **2017 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2017 NF PE RVU:** 0.86
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.40

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2016 Est Medicare Utilization:** 32,661

2007 Work RVU: 3.16 **2017 Work RVU:** 2.91
2007 NF PE RVU: 5.05 **2017 NF PE RVU:** 4.08
2007 Fac PE RVU 1.09 **2017 Fac PE RVU:**1.14

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**

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 Est Medicare Utilization:** 4,259

2007 Work RVU: 2.72 **2017 Work RVU:** 2.47
2007 NF PE RVU: 4.76 **2017 NF PE RVU:** 3.84
2007 Fac PE RVU 0.97 **2017 Fac PE RVU:** 0.99

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 Est Medicare Utilization:** 20,492

2007 Work RVU: **2017 Work RVU:** 4.46
2007 NF PE RVU: **2017 NF PE RVU:** 18.61
2007 Fac PE RVU **2017 Fac PE RVU:** 1.55

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 Est Medicare Utilization:** 7,886

2007 Work RVU: **2017 Work RVU:** 4.96
2007 NF PE RVU: **2017 NF PE RVU:** 19.43
2007 Fac PE RVU **2017 Fac PE RVU:** 1.69

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 Est Medicare Utilization:** 5,688

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 2.06
2007 Fac PE RVU **2017 Fac PE RVU:** 0.43

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX1

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX2

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31XX3

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX4

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX5

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 20.21 **2017 NF PE RVU:**
2007 Fac PE RVU 1.26 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 2.18 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Est Medicare Utilization:** 460

2007 Work RVU: 27.17 **2017 Work RVU:** 27.28
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2017 Fac PE RVU:** 11.77

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

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

Result: Remove from screen

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 Est Medicare Utilization:** 6,857

2007 Work RVU: 25.71 **2017 Work RVU:** 25.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2017 Fac PE RVU:** 11.06

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

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 506

2007 Work RVU: 27.28 **2017 Work RVU:** 27.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2017 Fac PE RVU:** 12.08

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 Est Medicare Utilization:** 31

2007 Work RVU: 25.09 **2017 Work RVU:** 25.24
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2017 Fac PE RVU:** 11.54

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 Est Medicare Utilization:** 35,456

2007 Work RVU: **2017 Work RVU:** 3.04
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.01

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 Est Medicare Utilization:** 18,017

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 3.73
2007 Fac PE RVU **2017 Fac PE RVU:** 0.58

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 Est Medicare Utilization:** 217,070

2007 Work RVU: **2017 Work RVU:** 2.27
2007 NF PE RVU: **2017 NF PE RVU:** 5.78
2007 Fac PE RVU **2017 Fac PE RVU:** 0.79

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 Est Medicare Utilization:** 3,549

2007 Work RVU: **2017 Work RVU:** 2.50
2007 NF PE RVU: **2017 NF PE RVU:** 12.93
2007 Fac PE RVU **2017 Fac PE RVU:** 0.78

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 Est Medicare Utilization:** 36,391

2007 Work RVU: **2017 Work RVU:** 3.12
2007 NF PE RVU: **2017 NF PE RVU:** 11.13
2007 Fac PE RVU **2017 Fac PE RVU:** 1.04

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 Est Medicare Utilization:** 7,562

2007 Work RVU: 24.56 **2017 Work RVU:** 24.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2017 Fac PE RVU:** 10.26

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

Referred to CPT

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

Result: Remove from Screen

33015 **Tube pericardiostomy**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: April 2017 **2016 Est Medicare Utilization:** 1,015

2007 Work RVU: 8.44 **2017 Work RVU:** 8.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2017 Fac PE RVU:** 4.54

RUC Recommendation: Submit action plan

Referred to CPT

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

Result:

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: April 2017 **2016 Est Medicare Utilization:** 5,177

2007 Work RVU: 13.65 **2017 Work RVU:** 13.70
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.25 **2017 Fac PE RVU:** 6.29

RUC Recommendation: Submit action plan

Referred to CPT

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

Result:

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 Est Medicare Utilization:** 16,941

2007 Work RVU: 9.05 **2017 Work RVU:** 7.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2017 Fac PE RVU:** 4.35

RUC Recommendation: 8.05

Referred to CPT February 2011

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 104,738

RUC Recommendation: 8.77

Referred to CPT February 2011

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

2007 Work RVU: 8.12	**2017 Work RVU:** 8.52
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU 4.95	**2017 Fac PE RVU:** 4.65
Result: Maintain	

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 Est Medicare Utilization:** 762

RUC Recommendation: 5.26

Referred to CPT February 2011

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

2007 Work RVU: 5.51	**2017 Work RVU:** 5.01
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU 3.46	**2017 Fac PE RVU:** 3.13
Result: Decrease	

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2016 Est Medicare Utilization:** 2,553

RUC Recommendation: 5.53

Referred to CPT February 2011

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

2007 Work RVU: 6.36	**2017 Work RVU:** 5.28
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU 3.87	**2017 Fac PE RVU:** 3.22
Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 356

2007 Work RVU: **2017 Work RVU:** 5.55
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.63

RUC Recommendation: 5.80 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 6,800

2007 Work RVU: **2017 Work RVU:** 5.25
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.33

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 Est Medicare Utilization:** 40,445

2007 Work RVU: **2017 Work RVU:** 5.52
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.45

RUC Recommendation: 5.77 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,683

2007 Work RVU: **2017 Work RVU:** 5.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.72

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 246

2007 Work RVU: **2017 Work RVU:** 6.07
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.63

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Est Medicare Utilization:** 196

2007 Work RVU: **2017 Work RVU:** 6.34
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.87

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 9,544

RUC Recommendation: 3.39

Referred to CPT February 2011

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

2007 Work RVU: 3.33 **2017 Work RVU:** 3.14

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 3.29 **2017 Fac PE RVU:** 2.79

Result: Maintain

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 Est Medicare Utilization:** 602

RUC Recommendation: 6.06

Referred to CPT February 2011

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

2007 Work RVU: 7.61 **2017 Work RVU:** 5.80

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 4.79 **2017 Fac PE RVU:** 3.46

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 Est Medicare Utilization:** 7,467

RUC Recommendation: 3.29

Referred to CPT February 2011

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

2007 Work RVU: 3.26 **2017 Work RVU:** 3.04

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 2.99 **2017 Fac PE RVU:** 2.49

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 50,299

2007 Work RVU: 15.02 **2017 Work RVU:** 14.92
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **2017 Fac PE RVU:** 8.26

RUC Recommendation: 15.17 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 4,107

2007 Work RVU: **2017 Work RVU:** 5.81
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.66

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 11,767

2007 Work RVU: **2017 Work RVU:** 6.08
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.77

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 18,393

2007 Work RVU: **2017 Work RVU:** 6.35
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.92

RUC Recommendation: 6.60

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

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 Est Medicare Utilization:** 37,255

2007 Work RVU: 4.70 **2017 Work RVU:** 3.25
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2017 Fac PE RVU:** 2.54

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 Est Medicare Utilization:** 9,360

2007 Work RVU: 3.04 **2017 Work RVU:** 2.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.5 **2017 Fac PE RVU:** 2.35

RUC Recommendation: 3.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 26,100

2007 Work RVU: 41.19 **2017 Work RVU:** 41.32
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2017 Fac PE RVU:** 15.23

RUC Recommendation: 41.32

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

Result: Maintain

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 Est Medicare Utilization:** 8,765

2007 Work RVU: 50.75 **2017 Work RVU:** 50.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2017 Fac PE RVU:** 18.80

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 Est Medicare Utilization:** 65,059

2007 Work RVU: 33.64 **2017 Work RVU:** 33.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2017 Fac PE RVU:** 12.89

RUC Recommendation: 34.98

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 50

2007 Work RVU: **2017 Work RVU:** 30.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.05

RUC Recommendation: CPT Article published July 2016 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

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 Est Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 16.18
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 7.12

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 Est Medicare Utilization:** 2

2007 Work RVU: **2017 Work RVU:** 64.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 27.00

RUC Recommendation: CPT Assistant published July 2016 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,779

2007 Work RVU: 58.71 **2017 Work RVU:** 58.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2017 Fac PE RVU:** 19.45

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

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 Est Medicare Utilization:** 782

2007 Work RVU: 89.08 **2017 Work RVU:** 89.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **2017 Fac PE RVU:** 31.14

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 Est Medicare Utilization:** 375

2007 Work RVU: **2017 Work RVU:** 6.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.79

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 Est Medicare Utilization:** 887

2007 Work RVU: **2017 Work RVU:** 6.63
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.97

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,451

2007 Work RVU: **2017 Work RVU:** 4.73
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.45

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,852

2007 Work RVU: **2017 Work RVU:** 4.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.39

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.15
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.21

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 826

2007 Work RVU: **2017 Work RVU:** 8.15
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.49

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1

2007 Work RVU: **2017 Work RVU:** 9.11
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.58

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 Est Medicare Utilization:** 284

2007 Work RVU: **2017 Work RVU:** 9.11
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.74

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 263

2007 Work RVU: **2017 Work RVU:** 16.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.75

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.44

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 Est Medicare Utilization:** 47

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.26

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1

2007 Work RVU: **2017 Work RVU:** 4.47
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.80

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 19.33 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.09 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: 10.91 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.45 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 13

2007 Work RVU: **2017 Work RVU:** 4.47
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.41

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 9.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.54

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 Est Medicare Utilization:** 12

2007 Work RVU: **2017 Work RVU:** 9.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.28

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.44

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 250

2007 Work RVU: **2017 Work RVU:** 4.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.36

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 5.22
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.59

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 285

2007 Work RVU: **2017 Work RVU:** 5.46
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.63

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 9.89
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.85

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 Est Medicare Utilization:** 153

2007 Work RVU: **2017 Work RVU:** 10.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.89

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 25

2007 Work RVU: **2017 Work RVU:** 4.04
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.13

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 26

2007 Work RVU: **2017 Work RVU:** 15.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.37

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 Est Medicare Utilization:** 7

2007 Work RVU: **2017 Work RVU:** 9.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.74

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 439

2007 Work RVU: 21.46 **2017 Work RVU:** 21.54
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.72 **2017 Fac PE RVU:**6.74

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 Est Medicare Utilization:** 9,317

2007 Work RVU: 23.71 **2017 Work RVU:** 23.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **2017 Fac PE RVU:**7.47

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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

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 Est Medicare Utilization:** 4,913

2007 Work RVU: 24.74 **2017 Work RVU:** 24.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.68 **2017 Fac PE RVU:**7.52

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

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 Est Medicare Utilization:** 2,678

2007 Work RVU: 23.71 **2017 Work RVU:** 23.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2017 Fac PE RVU:**7.45

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 Est Medicare Utilization:** 558

2007 Work RVU: 22.59 **2017 Work RVU:** 22.67
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.04 **2017 Fac PE RVU:**7.05

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

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Est Medicare Utilization:** 5

2007 Work RVU: **2017 Work RVU:** 2.06
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**0.38

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

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 20,061

2007 Work RVU: 6.74 **2017 Work RVU:** 6.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2017 Fac PE RVU:** 1.59

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**

Global: 000 **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 Est Medicare Utilization:** 207

2007 Work RVU: 9.74 **2017 Work RVU:** 9.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.04 **2017 Fac PE RVU:** 2.36

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

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

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** 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 Est Medicare Utilization:** 10,917

2007 Work RVU: 12.72 **2017 Work RVU:** 12.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **2017 Fac PE RVU:** 4.79

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

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 Est Medicare Utilization:** 3,415

2007 Work RVU: 4.12 **2017 Work RVU:** 4.12
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.31 **2017 Fac PE RVU:**0.99

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 aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Est Medicare Utilization:** 129

2007 Work RVU: 11.98 **2017 Work RVU:** 11.98
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.15 **2017 Fac PE RVU:**3.10

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34834 **Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Est Medicare Utilization:** 596

2007 Work RVU: 5.34 **2017 Work RVU:** 5.34
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.04 **2017 Fac PE RVU:**1.41

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 728

2007 Work RVU: 16.77 **2017 Work RVU:** 16.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2017 Fac PE RVU:** 5.59

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

34X01

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 23.71

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

Result: Decrease

34X02

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 36.00

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34X03

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 26.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X04

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 45.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X05

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 29.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X06

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 45.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

34X07

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 22.28 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

34X08

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 36.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34X09

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

34X10

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 15.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

34X11

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34X12

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 12.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

34X13

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

34X15

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

34X19

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X20

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease
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 Est Medicare Utilization:** 42,684

2007 Work RVU: 19.53 **2017 Work RVU:** 21.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2017 Fac PE RVU:**7.13

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 Est Medicare Utilization:** 55

2007 Work RVU: 10.05 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.47 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 26

2007 Work RVU: 6.90 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.48 **2017 Fac PE RVU:**

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

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.19 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 7.34 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.64 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 420

2007 Work RVU: 9.48 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.33 **2017 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,144

2007 Work RVU: 6.03 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.15 **2017 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2017 Work RVU:**
2007 NF PE RVU: 81.78 **2017 NF PE RVU:**
2007 Fac PE RVU 3.37 **2017 Fac PE RVU:**

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

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2016 Est Medicare Utilization:** 2,503

2007 Work RVU: 10.05 **2017 Work RVU:**
2007 NF PE RVU: 91.6 **2017 NF PE RVU:**
2007 Fac PE RVU 4.13 **2017 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

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 Est Medicare Utilization:** 300

2007 Work RVU: 6.90 **2017 Work RVU:**
2007 NF PE RVU: 60.05 **2017 NF PE RVU:**
2007 Fac PE RVU 2.75 **2017 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2017 Work RVU:**
2007 NF PE RVU: 56.4 **2017 NF PE RVU:**
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**

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

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 7.35 **2017 Work RVU:**
2007 NF PE RVU: 80.7 **2017 NF PE RVU:**
2007 Fac PE RVU 2.9 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 52,565

2007 Work RVU: 9.48 **2017 Work RVU:**
2007 NF PE RVU: 53.95 **2017 NF PE RVU:**
2007 Fac PE RVU 3.48 **2017 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:**

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 Est Medicare Utilization:** 290,684

2007 Work RVU: 6.03 **2017 Work RVU:**
2007 NF PE RVU: 42.45 **2017 NF PE RVU:**
2007 Fac PE RVU 2.26 **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 11.06 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.11 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 7.60 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.46 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 6.64 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.3 **2017 Fac PE RVU:**

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

35493 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 8.09 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.89 **2017 Fac PE RVU:**

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

35494 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 10.42 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.64 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 9.48 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.45 **2017 Fac PE RVU:**

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

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 1,855

2007 Work RVU: 5.84 **2017 Work RVU:** 5.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.88 **2017 Fac PE RVU:**4.19

RUC Recommendation: Submit action plan **Referred to CPT** **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 Est Medicare Utilization:**

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.53
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**0.07

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 Est Medicare Utilization:** 15,675

2007 Work RVU: 2.43 **2017 Work RVU:** 2.18
2007 NF PE RVU: 17.17 **2017 NF PE RVU:** 11.17
2007 Fac PE RVU 0.77 **2017 Fac PE RVU:**0.65

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; 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 Est Medicare Utilization:** 20,100

2007 Work RVU: 2.01 **2017 Work RVU:** 1.76
2007 NF PE RVU: 12.15 **2017 NF PE RVU:** 9.88
2007 Fac PE RVU 0.65 **2017 Fac PE RVU:**0.52

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 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2017 Work RVU:**
2007 NF PE RVU: 11.87 **2017 NF PE RVU:**
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 357,861

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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 Est Medicare Utilization:** 68,215

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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: XXX **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 48,920

2007 Work RVU: 4.67 **2017 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2017 NF PE RVU:** 26.49
2007 Fac PE RVU 1.65 **2017 Fac PE RVU:** 1.46

RUC Recommendation: 4.17 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 4,417

2007 Work RVU: 5.27 **2017 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2017 NF PE RVU:** 26.67
2007 Fac PE RVU 1.82 **2017 Fac PE RVU:** 1.65

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: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 4,010

2007 Work RVU: 6.29 **2017 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2017 NF PE RVU:** 46.41
2007 Fac PE RVU 2.17 **2017 Fac PE RVU:** 1.93

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 Est Medicare Utilization:** 1,244

2007 Work RVU: 1.01 **2017 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2017 NF PE RVU:** 4.08
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:** 0.32

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 Est Medicare Utilization:** 2,669

2007 Work RVU: **2017 Work RVU:** 3.92
2007 NF PE RVU: **2017 NF PE RVU:** 24.50
2007 Fac PE RVU **2017 Fac PE RVU:** 1.17

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 Est Medicare Utilization:** 10,033

2007 Work RVU: **2017 Work RVU:** 5.28
2007 NF PE RVU: **2017 NF PE RVU:** 27.70
2007 Fac PE RVU **2017 Fac PE RVU:** 1.77

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 Est Medicare Utilization:** 31,449

2007 Work RVU: **2017 Work RVU:** 5.75
2007 NF PE RVU: **2017 NF PE RVU:** 34.88
2007 Fac PE RVU **2017 Fac PE RVU:** 2.06

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 Est Medicare Utilization:** 31,796

2007 Work RVU: **2017 Work RVU:** 6.25
2007 NF PE RVU: **2017 NF PE RVU:** 45.56
2007 Fac PE RVU **2017 Fac PE RVU:** 2.52

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 Est Medicare Utilization:** 11,912

2007 Work RVU: **2017 Work RVU:** 5.75
2007 NF PE RVU: **2017 NF PE RVU:** 33.24
2007 Fac PE RVU **2017 Fac PE RVU:** 1.97

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 Est Medicare Utilization:** 30,093

2007 Work RVU: **2017 Work RVU:** 6.25
2007 NF PE RVU: **2017 NF PE RVU:** 42.87
2007 Fac PE RVU **2017 Fac PE RVU:** 2.45

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 Est Medicare Utilization:** 10,906

2007 Work RVU: **2017 Work RVU:** 2.09
2007 NF PE RVU: **2017 NF PE RVU:** 4.61
2007 Fac PE RVU **2017 Fac PE RVU:** 0.79

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 Est Medicare Utilization:** 2,445

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 30.95
2007 Fac PE RVU **2017 Fac PE RVU:** 1.63

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 Est Medicare Utilization:** 44,639

2007 Work RVU: 4.67 **2017 Work RVU:** 4.65
2007 NF PE RVU: 31.17 **2017 NF PE RVU:** 31.46
2007 Fac PE RVU 1.78 **2017 Fac PE RVU:** 1.54

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 Est Medicare Utilization:** 38,014

2007 Work RVU: 5.27 **2017 Work RVU:** 5.02
2007 NF PE RVU: 29.18 **2017 NF PE RVU:** 17.35
2007 Fac PE RVU 1.84 **2017 Fac PE RVU:** 1.47

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 Est Medicare Utilization:** 64,937

2007 Work RVU: 6.29 **2017 Work RVU:** 6.04
2007 NF PE RVU: 48.22 **2017 NF PE RVU:** 35.36
2007 Fac PE RVU 2.17 **2017 Fac PE RVU:** 1.78

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 Est Medicare Utilization:** 23,935

2007 Work RVU: 1.01 **2017 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2017 NF PE RVU:** 3.21
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.31

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 Est Medicare Utilization:** 4,080

2007 Work RVU: **2017 Work RVU:** 5.10
2007 NF PE RVU: **2017 NF PE RVU:** 32.86
2007 Fac PE RVU **2017 Fac PE RVU:** 1.68

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 Est Medicare Utilization:** 10,665

2007 Work RVU: **2017 Work RVU:** 6.74
2007 NF PE RVU: **2017 NF PE RVU:** 33.94
2007 Fac PE RVU **2017 Fac PE RVU:** 2.33

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 Est Medicare Utilization:** 1,196

2007 Work RVU: **2017 Work RVU:** 7.30
2007 NF PE RVU: **2017 NF PE RVU:** 54.30
2007 Fac PE RVU **2017 Fac PE RVU:** 2.40

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 Est Medicare Utilization:** 211

2007 Work RVU: **2017 Work RVU:** 7.90
2007 NF PE RVU: **2017 NF PE RVU:** 51.02
2007 Fac PE RVU **2017 Fac PE RVU:** 2.68

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 Est Medicare Utilization:** 168,949

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**0.07
Result: Maintain

RUC Recommendation: 0.18

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

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2016 Est Medicare Utilization:** 126,950

2007 Work RVU: 6.72 **2017 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2017 NF PE RVU:** 36.69
2007 Fac PE RVU 2.39 **2017 Fac PE RVU:**1.78
Result: Decrease

RUC Recommendation: 5.30

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

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2016 Est Medicare Utilization:** 10,534

2007 Work RVU: 3.38 **2017 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2017 NF PE RVU:** 5.18
2007 Fac PE RVU 1.08 **2017 Fac PE RVU:**0.76
Result: Decrease

RUC Recommendation: 2.65

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

Status Report: CMS Requests and Relativity Assessment Issues

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2016 Est Medicare Utilization:** 90,449

2007 Work RVU: 6.72 **2017 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2017 NF PE RVU:** 27.78
2007 Fac PE RVU 2.41 **2017 Fac PE RVU:** 1.79
Result: Decrease

RUC Recommendation: 5.30

Referred to CPT
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 Est Medicare Utilization:** 10,033

2007 Work RVU: 3.38 **2017 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2017 NF PE RVU:** 5.64
2007 Fac PE RVU 1.1 **2017 Fac PE RVU:** 0.82
Result: Decrease

RUC Recommendation: 2.65

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

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Est Medicare Utilization:** 725

2007 Work RVU: 6.98 **2017 Work RVU:** 6.73
2007 NF PE RVU: NA **2017 NF PE RVU:** 48.18
2007 Fac PE RVU 2.46 **2017 Fac PE RVU:** 2.35
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

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 Est Medicare Utilization:** 191

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.82

RUC Recommendation: 2.00. Refer to CPT Assistant.

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

Result: Increase

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 Est Medicare Utilization:** 1,575

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2017 Fac PE RVU:**0.86

RUC Recommendation: 2.00. Refer to CPT Assistant.

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

Result: Increase

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 Est Medicare Utilization:** 257

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.68 **2017 Fac PE RVU:**0.81

RUC Recommendation: 2.00. Refer to CPT Assistant.

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

Result: Increase

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 Est Medicare Utilization:** 28,669

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: 15.33 **2017 NF PE RVU:** 13.43
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.78

RUC Recommendation: 1.81. Refer to CPT Assistant

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

Result: Increase

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 Est Medicare Utilization:**

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: 60.92 **2017 NF PE RVU:** 57.08
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.62

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: October 2008 **2016 Est Medicare Utilization:** 1,503

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2017 NF PE RVU:** 58.05
2007 Fac PE RVU 0.46 **2017 Fac PE RVU:**0.50

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

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 Est Medicare Utilization:** 9,459

2007 Work RVU: 1.67 **2017 Work RVU:** 1.67
2007 NF PE RVU: 33.02 **2017 NF PE RVU:** 38.48
2007 Fac PE RVU 0.94 **2017 Fac PE RVU:**1.16

RUC Recommendation: 1.75. Refer to CPT Assistant

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

Result: Increase

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 Est Medicare Utilization:** 31

2007 Work RVU: 2.68 **2017 Work RVU:** 2.43
2007 NF PE RVU: 5.34 **2017 NF PE RVU:** 3.21
2007 Fac PE RVU 0.76 **2017 Fac PE RVU:**0.45

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 Est Medicare Utilization:** 465,934

2007 Work RVU: 2.50 **2017 Work RVU:** 2.50
2007 NF PE RVU: 4.93 **2017 NF PE RVU:** 3.85
2007 Fac PE RVU 0.7 **2017 Fac PE RVU:**0.69

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:** Insertion of PICC Catheter **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2016 Est Medicare Utilization:** 9

2007 Work RVU: 1.92 **2017 Work RVU:** 1.67
2007 NF PE RVU: 7.03 **2017 NF PE RVU:** 5.20
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.63

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**

Global: 000 **Issue:** Insertion of PICC Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR

First Identified: July 2015

2016 Est Medicare Utilization: 166,997

2007 Work RVU: 1.82 **2017 Work RVU:** 1.82
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 5.12
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.67

RUC Recommendation: 1.70, Refer to CPT and Review at RAW in October 2021.

Referred to CPT June 2017

Result:

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

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access**

Global: 000 **Issue:** Insertion of PICC Catheter **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2016

2016 Est Medicare Utilization: 6,358

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 6.16 **2017 NF PE RVU:** 4.50
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.61

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Result:

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

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015

2016 Est Medicare Utilization: 573,357

2007 Work RVU: 1.15 **2017 Work RVU:** 1.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.22

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

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 Est Medicare Utilization:** 6,928

2007 Work RVU: 11.81 **2017 Work RVU:** 12.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2017 Fac PE RVU:**5.07

RUC Recommendation: 13.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2016 Est Medicare Utilization:** 9,598

2007 Work RVU: 14.39 **2017 Work RVU:** 13.29
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2017 Fac PE RVU:**5.10

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 Est Medicare Utilization:** 2,088

2007 Work RVU: 14.39 **2017 Work RVU:** 13.07
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2017 Fac PE RVU:**5.35

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 33,406

2007 Work RVU: 9.15 **2017 Work RVU:** 11.90
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2017 Fac PE RVU:** 4.81

RUC Recommendation: 11.90

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

Result: Decrease

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: **2016 Est Medicare Utilization:**

2007 Work RVU: 5.51 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.23 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 2,634

2007 Work RVU: 10.00 **2017 Work RVU:** 14.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2017 Fac PE RVU:** 5.94

RUC Recommendation: 15.93

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 22,940

2007 Work RVU: 12.00 **2017 Work RVU:** 12.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2017 Fac PE RVU:** 4.76

RUC Recommendation: 11.90

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

Result: Decrease

36834 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

First Identified: September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 11.11 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.68 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 58,724

2007 Work RVU: 5.17 **2017 Work RVU:**
2007 NF PE RVU: 49.54 **2017 NF PE RVU:**
2007 Fac PE RVU 2.99 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.82
2007 NF PE RVU: **2017 NF PE RVU:** 12.89
2007 Fac PE RVU **2017 Fac PE RVU:** 0.92

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 4.24
2007 NF PE RVU: **2017 NF PE RVU:** 29.47
2007 Fac PE RVU **2017 Fac PE RVU:** 1.33

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 5.85
2007 NF PE RVU: **2017 NF PE RVU:** 150.99
2007 Fac PE RVU **2017 Fac PE RVU:** 1.77

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 6.73
2007 NF PE RVU: **2017 NF PE RVU:** 42.33
2007 Fac PE RVU **2017 Fac PE RVU:** 2.04

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.46
2007 NF PE RVU: **2017 NF PE RVU:** 54.34
2007 Fac PE RVU **2017 Fac PE RVU:** 2.54

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 9.88
2007 NF PE RVU: **2017 NF PE RVU:** 179.83
2007 Fac PE RVU **2017 Fac PE RVU:** 2.95

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.48
2007 NF PE RVU: **2017 NF PE RVU:** 17.70
2007 Fac PE RVU **2017 Fac PE RVU:** 0.72

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 71.49
2007 Fac PE RVU **2017 Fac PE RVU:** 1.06

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.48
2007 NF PE RVU: **2017 NF PE RVU:** 51.26
2007 Fac PE RVU **2017 Fac PE RVU:** 1.08

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Est Medicare Utilization:** 837

2007 Work RVU: 7.99 **2017 Work RVU:** 7.74
2007 NF PE RVU: NA **2017 NF PE RVU:** 156.21
2007 Fac PE RVU 2.89 **2017 Fac PE RVU:** 2.59

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

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 Est Medicare Utilization:** 36,646

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 4.46
2007 NF PE RVU: **2017 NF PE RVU:** 67.59
2007 Fac PE RVU **2017 Fac PE RVU:** 1.48
Result: Decrease

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 Est Medicare Utilization:** 38

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 7.10
2007 NF PE RVU: **2017 NF PE RVU:** 37.54
2007 Fac PE RVU **2017 Fac PE RVU:** 2.75
Result: Decrease

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 Est Medicare Utilization:** 8,082

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 7.10
2007 NF PE RVU: **2017 NF PE RVU:** 35.24
2007 Fac PE RVU **2017 Fac PE RVU:** 2.17
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 4.99 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**

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

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 5.02 **2017 Work RVU:**
2007 NF PE RVU: 31.87 **2017 NF PE RVU:**
2007 Fac PE RVU 1.98 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 18.11 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.75 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 8.27 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.77 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.12 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 8.27 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.98 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 4.12 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.3 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 2.27 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.72 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 10.60 **2017 Work RVU:**
2007 NF PE RVU: 46.03 **2017 NF PE RVU:**
2007 Fac PE RVU 3.13 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 10,738

2007 Work RVU: **2017 Work RVU:** 7.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.18
Result: Decrease

RUC Recommendation: 8.00

Referred to CPT
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 Est Medicare Utilization:** 3,633

2007 Work RVU: **2017 Work RVU:** 6.81
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.93
Result: Decrease

RUC Recommendation: 7.06

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

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 3,214

2007 Work RVU: **2017 Work RVU:** 4.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.41
Result: Decrease

RUC Recommendation: 5.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 6,737

2007 Work RVU: **2017 Work RVU:** 2.49
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.73

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 Est Medicare Utilization:** 12,281

2007 Work RVU: **2017 Work RVU:** 7.90
2007 NF PE RVU: **2017 NF PE RVU:** 77.18
2007 Fac PE RVU **2017 Fac PE RVU:** 2.20

RUC Recommendation: 8.15 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:** 38,542

2007 Work RVU: **2017 Work RVU:** 9.75
2007 NF PE RVU: **2017 NF PE RVU:** 116.85
2007 Fac PE RVU **2017 Fac PE RVU:** 2.76

RUC Recommendation: 10.00 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,267

RUC Recommendation: 3.73 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 19.82
2007 Fac PE RVU **2017 Fac PE RVU:** 0.95
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 Est Medicare Utilization:** 5,265

RUC Recommendation: 4.25 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 67.03
2007 Fac PE RVU **2017 Fac PE RVU:** 1.13
Result: Decrease

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 Est Medicare Utilization:** 34,981

RUC Recommendation: 9.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 94.68
2007 Fac PE RVU **2017 Fac PE RVU:** 2.47
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 38,334

RUC Recommendation: 12.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 11.75
2007 NF PE RVU: **2017 NF PE RVU:** 293.97
2007 Fac PE RVU **2017 Fac PE RVU:** 3.49
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 Est Medicare Utilization:** 27,804

RUC Recommendation: 10.49 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 10.24
2007 NF PE RVU: **2017 NF PE RVU:** 240.17
2007 Fac PE RVU **2017 Fac PE RVU:** 2.93
Result: Decrease

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 Est Medicare Utilization:** 19,314

RUC Recommendation: 14.50 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 14.25
2007 NF PE RVU: **2017 NF PE RVU:** 400.28
2007 Fac PE RVU **2017 Fac PE RVU:** 4.12
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 28,894

RUC Recommendation: 11.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 10.75
2007 NF PE RVU: **2017 NF PE RVU:** 137.72
2007 Fac PE RVU **2017 Fac PE RVU:** 2.97
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 Est Medicare Utilization:** 28,472

RUC Recommendation: 14.05 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 13.80
2007 NF PE RVU: **2017 NF PE RVU:** 287.14
2007 Fac PE RVU **2017 Fac PE RVU:** 4.05
Result: Decrease

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 Est Medicare Utilization:** 2,977

RUC Recommendation: 13.80 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 13.55
2007 NF PE RVU: **2017 NF PE RVU:** 215.71
2007 Fac PE RVU **2017 Fac PE RVU:** 4.06
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,992

2007 Work RVU: **2017 Work RVU:** 14.75
2007 NF PE RVU: **2017 NF PE RVU:** 358.10
2007 Fac PE RVU **2017 Fac PE RVU:** 4.42

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 Est Medicare Utilization:** 10,427

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 28.80
2007 Fac PE RVU **2017 Fac PE RVU:** 1.11

RUC Recommendation: 4.00 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:** 6,492

2007 Work RVU: **2017 Work RVU:** 6.50
2007 NF PE RVU: **2017 NF PE RVU:** 32.79
2007 Fac PE RVU **2017 Fac PE RVU:** 1.79

RUC Recommendation: 6.50 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:** 360

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** 103.34
2007 Fac PE RVU **2017 Fac PE RVU:** 1.68

RUC Recommendation: 5.50 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:** 171

2007 Work RVU: **2017 Work RVU:** 7.80
2007 NF PE RVU: **2017 NF PE RVU:** 108.81
2007 Fac PE RVU **2017 Fac PE RVU:** 2.20

RUC Recommendation: 7.80 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Est Medicare Utilization:** 14,714

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 101.61
2007 Fac PE RVU **2017 Fac PE RVU:** 2.59

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,499

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 63.28
2007 Fac PE RVU **2017 Fac PE RVU:** 1.14

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 Est Medicare Utilization:** 41,805

2007 Work RVU: **2017 Work RVU:** 6.04
2007 NF PE RVU: **2017 NF PE RVU:** 109.80
2007 Fac PE RVU **2017 Fac PE RVU:** 1.81

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Est Medicare Utilization:** 5,926

2007 Work RVU: **2017 Work RVU:** 2.97
2007 NF PE RVU: **2017 NF PE RVU:** 53.14
2007 Fac PE RVU **2017 Fac PE RVU:** 0.85

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 13,738

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 124.05
2007 Fac PE RVU **2017 Fac PE RVU:** 2.74

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 Est Medicare Utilization:** 9,038

2007 Work RVU: **2017 Work RVU:** 9.80
2007 NF PE RVU: **2017 NF PE RVU:** 199.38
2007 Fac PE RVU **2017 Fac PE RVU:** 2.94

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:** 14,847

2007 Work RVU: **2017 Work RVU:** 11.74
2007 NF PE RVU: **2017 NF PE RVU:** 260.65
2007 Fac PE RVU **2017 Fac PE RVU:** 3.70

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 10,168

2007 Work RVU: **2017 Work RVU:** 13.75
2007 NF PE RVU: **2017 NF PE RVU:** 175.66
2007 Fac PE RVU **2017 Fac PE RVU:** 4.41

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 7.00
2007 NF PE RVU: **2017 NF PE RVU:** 52.40
2007 Fac PE RVU **2017 Fac PE RVU:** 2.09

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.50
2007 NF PE RVU: **2017 NF PE RVU:** 20.42
2007 Fac PE RVU **2017 Fac PE RVU:** 1.00

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 6.00
2007 NF PE RVU: **2017 NF PE RVU:** 34.95
2007 Fac PE RVU **2017 Fac PE RVU:** 1.82

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.97
2007 NF PE RVU: **2017 NF PE RVU:** 14.51
2007 Fac PE RVU **2017 Fac PE RVU:** 0.86

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 2.10 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.77 **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 1.60 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Est Medicare Utilization:** 20,380

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 36.85
2007 Fac PE RVU **2017 Fac PE RVU:**0.49

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Est Medicare Utilization:** 24,130

2007 Work RVU: **2017 Work RVU:** 1.44
2007 NF PE RVU: **2017 NF PE RVU:** 4.11
2007 Fac PE RVU **2017 Fac PE RVU:**0.40

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS

First Identified: September 2007 **2016 Est Medicare Utilization:** 16,035

2007 Work RVU: 3.02 **2017 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2017 NF PE RVU:** 5.17
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:** 2.32

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 Est Medicare Utilization:** 48

2007 Work RVU: **2017 Work RVU:** 30.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.04

RUC Recommendation: 37.60

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

Result: Increase

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 Est Medicare Utilization:**

2007 Work RVU: 11.49 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.52 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 164

2007 Work RVU: 10.69 **2017 Work RVU:** 10.78
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2017 Fac PE RVU:** 4.67

RUC Recommendation: 10.69 **Referred to CPT** February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2016 Est Medicare Utilization:** 486

2007 Work RVU: **2017 Work RVU:** 9.13
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.83

RUC Recommendation: 9.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 17,026

2007 Work RVU: 7.63 **2017 Work RVU:** 7.71
2007 NF PE RVU: NA **2017 NF PE RVU:** 9.39
2007 Fac PE RVU 4.36 **2017 Fac PE RVU:** 3.80

RUC Recommendation: Review October 2017. 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 2013 **Tab** 35 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 12,854

2007 Work RVU: 9.58 **2017 Work RVU:** 9.66
2007 NF PE RVU: NA **2017 NF PE RVU:** 10.55
2007 Fac PE RVU 5.01 **2017 Fac PE RVU:** 4.35

RUC Recommendation: Review October 2017. Non-Facility PE Inputs. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,417

2007 Work RVU: 3.87 **2017 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2017 NF PE RVU:** 5.38
2007 Fac PE RVU 2.69 **2017 Fac PE RVU:**2.81

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

38220 **Bone marrow; aspiration only** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2016 Est Medicare Utilization:** 33,053

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 3.54
2007 Fac PE RVU 0.5 **2017 Fac PE RVU:**0.55

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38221 **Bone marrow; biopsy, needle or trocar** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2016 Est Medicare Utilization:** 129,044

2007 Work RVU: 1.37 **2017 Work RVU:** 1.37
2007 NF PE RVU: 3.64 **2017 NF PE RVU:** 3.31
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.69

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

382X3 **Global:** **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38542 **Dissection, deep jugular node(s)** **Global:** 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 638

2007 Work RVU: 6.08 **2017 Work RVU:** 7.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2017 Fac PE RVU:**5.62

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 Est Medicare Utilization:** 2,547

2007 Work RVU: 9.28 **2017 Work RVU:** 8.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2017 Fac PE RVU:**4.67

RUC Recommendation: 9.34 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy** **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2016 Est Medicare Utilization:** 14,445

2007 Work RVU: 14.70 **2017 Work RVU:** 12.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2017 Fac PE RVU:**5.78

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple** **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2016 Est Medicare Utilization:** 2,776

2007 Work RVU: 16.86 **2017 Work RVU:** 15.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2017 Fac PE RVU:**8.40

RUC Recommendation: 15.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38792 **Injection procedure; radioactive tracer for identification of sentinel node** **Global:** 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 33,120

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:** 0.56

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 8.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.68 **2017 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:**

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 Est Medicare Utilization:** 1,205

2007 Work RVU: **2017 Work RVU:** 5.44
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.30

RUC Recommendation: 5.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2016 Est Medicare Utilization:** 5,873

2007 Work RVU: **2017 Work RVU:** 7.25
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.82

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40490 **Biopsy of lip**

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

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2016 Est Medicare Utilization:** 35,070

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 2.30
2007 Fac PE RVU 0.61 **2017 Fac PE RVU:**0.74

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

40650 **Repair lip, full thickness; vermilion only**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Est Medicare Utilization:** 338

2007 Work RVU: 3.69 **2017 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2017 NF PE RVU:** 8.23
2007 Fac PE RVU 3.26 **2017 Fac PE RVU:**4.28

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Est Medicare Utilization:** 1,434

2007 Work RVU: 1.19 **2017 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2017 NF PE RVU:** 4.73
2007 Fac PE RVU 1.8 **2017 Fac PE RVU:**2.42

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 12,312

2007 Work RVU: 0.98 **2017 Work RVU:** 1.01
2007 NF PE RVU: 2.87 **2017 NF PE RVU:** 4.22
2007 Fac PE RVU 1.51 **2017 Fac PE RVU:**1.99

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 6,064

2007 Work RVU: 2.33 **2017 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2017 NF PE RVU:** 5.62
2007 Fac PE RVU 2.37 **2017 Fac PE RVU:**3.02

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 Est Medicare Utilization:** 1,388

2007 Work RVU: 1.30 **2017 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2017 NF PE RVU:** 6.14
2007 Fac PE RVU 2.54 **2017 Fac PE RVU:**3.49

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

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2014 **2016 Est Medicare Utilization:** 2,446

2007 Work RVU: **2017 Work RVU:** 3.50
2007 NF PE RVU: **2017 NF PE RVU:** 24.11
2007 Fac PE RVU **2017 Fac PE RVU:**6.88

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

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

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

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 884

2007 Work RVU: 9.63 **2017 Work RVU:** 9.78
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2017 Fac PE RVU:**9.13

RUC Recommendation: 9.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,490

2007 Work RVU: 17.99 **2017 Work RVU:** 17.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2017 Fac PE RVU:** 10.77
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 Est Medicare Utilization:** 1,702

2007 Work RVU: 20.87 **2017 Work RVU:** 19.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2017 Fac PE RVU:** 11.78
Result: Maintain

RUC Recommendation: 21.00

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

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,990

2007 Work RVU: 7.05 **2017 Work RVU:** 6.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2017 Fac PE RVU:** 4.82
Result: Maintain

RUC Recommendation: 7.13

Referred to CPT
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 Est Medicare Utilization:** 2,978

2007 Work RVU: **2017 Work RVU:** 2.49
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.61
Result: Increase

RUC Recommendation: 2.78

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 147

2007 Work RVU: **2017 Work RVU:** 2.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.74
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
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 Est Medicare Utilization:** 266

2007 Work RVU: **2017 Work RVU:** 2.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.71
Result: Increase

RUC Recommendation: 3.36

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

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 202

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.52
Result: Increase

RUC Recommendation: 3.99

Referred to CPT
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 Est Medicare Utilization:** 428

2007 Work RVU: **2017 Work RVU:** 3.07
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.84
Result: Increase

RUC Recommendation: 3.21

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 260

2007 Work RVU: **2017 Work RVU:** 3.31
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.91
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
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 Est Medicare Utilization:** 1,790

2007 Work RVU: **2017 Work RVU:** 1.52
2007 NF PE RVU: **2017 NF PE RVU:** 3.61
2007 Fac PE RVU **2017 Fac PE RVU:** 0.65
Result: Maintain

RUC Recommendation: 1.59

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

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2016 Est Medicare Utilization:** 263

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 3.85
2007 Fac PE RVU **2017 Fac PE RVU:** 0.78
Result: Maintain

RUC Recommendation: 1.89

Referred to CPT
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 Est Medicare Utilization:** 7,242

2007 Work RVU: 1.59 **2017 Work RVU:** 1.42
2007 NF PE RVU: 3.98 **2017 NF PE RVU:** 4.51
2007 Fac PE RVU 1.04 **2017 Fac PE RVU:** 0.92
Result: Maintain

RUC Recommendation: 1.59

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 292

2007 Work RVU: 2.09 **2017 Work RVU:** 1.72
2007 NF PE RVU: 4.86 **2017 NF PE RVU:** 4.31
2007 Fac PE RVU 1.12 **2017 Fac PE RVU:**1.05
Result: Decrease

RUC Recommendation: 1.90

Referred to CPT May 2012
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 Est Medicare Utilization:** 2,785

2007 Work RVU: 1.89 **2017 Work RVU:** 1.72
2007 NF PE RVU: 5.44 **2017 NF PE RVU:** 6.74
2007 Fac PE RVU 0.95 **2017 Fac PE RVU:**1.05
Result: Maintain

RUC Recommendation: 1.89

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

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 13

2007 Work RVU: 3.76 **2017 Work RVU:** 2.33
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2017 Fac PE RVU:**1.36
Result: Decrease

RUC Recommendation: 2.89

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

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 260

2007 Work RVU: 3.78 **2017 Work RVU:** 2.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2017 Fac PE RVU:**1.40
Result: Decrease

RUC Recommendation: 3.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 77

2007 Work RVU: **2017 Work RVU:** 2.29
2007 NF PE RVU: **2017 NF PE RVU:** 4.97
2007 Fac PE RVU **2017 Fac PE RVU:** 1.33

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

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 Est Medicare Utilization:** 103

2007 Work RVU: **2017 Work RVU:** 4.20
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.18

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

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 595

2007 Work RVU: **2017 Work RVU:** 3.40
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.58

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

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 465

2007 Work RVU: **2017 Work RVU:** 4.63
2007 NF PE RVU: **2017 NF PE RVU:** 27.38
2007 Fac PE RVU **2017 Fac PE RVU:** 2.31

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 229

RUC Recommendation: 3.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 3.40
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.77
Result: Decrease

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 Est Medicare Utilization:** 1,065

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.60 **2017 Work RVU:** 2.44
2007 NF PE RVU: NA **2017 NF PE RVU:** 7.40
2007 Fac PE RVU 1.22 **2017 Fac PE RVU:** 1.33
Result: Maintain

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 Est Medicare Utilization:** 185

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.40 **2017 Work RVU:** 2.30
2007 NF PE RVU: 1.55 **2017 NF PE RVU:** 7.52
2007 Fac PE RVU 1.1 **2017 Fac PE RVU:** 1.35
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 Est Medicare Utilization:** 107

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.90 **2017 Work RVU:** 2.80
2007 NF PE RVU: 6.85 **2017 NF PE RVU:** 7.57
2007 Fac PE RVU 1.25 **2017 Fac PE RVU:** 1.50
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 2.80 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.4 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,178

2007 Work RVU: 2.10 **2017 Work RVU:** 2.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 28.11
2007 Fac PE RVU 1.01 **2017 Fac PE RVU:**1.17

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,713

2007 Work RVU: 2.34 **2017 Work RVU:** 2.24
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.44
2007 Fac PE RVU 1.1 **2017 Fac PE RVU:**1.25

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 302

2007 Work RVU: 3.59 **2017 Work RVU:** 2.89
2007 NF PE RVU: NA **2017 NF PE RVU:** 14.54
2007 Fac PE RVU 1.55 **2017 Fac PE RVU:**1.57

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 3.76 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 3,465

2007 Work RVU: **2017 Work RVU:** 3.49
2007 NF PE RVU: **2017 NF PE RVU:** 14.36
2007 Fac PE RVU **2017 Fac PE RVU:**1.83

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 583

2007 Work RVU: 3.19 **2017 Work RVU:** 2.80
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.37
2007 Fac PE RVU 1.42 **2017 Fac PE RVU:**1.55

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 Est Medicare Utilization:** 479

2007 Work RVU: 4.47 **2017 Work RVU:** 3.59
2007 NF PE RVU: NA **2017 NF PE RVU:** 7.42
2007 Fac PE RVU 1.96 **2017 Fac PE RVU:**1.80

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,895

2007 Work RVU: **2017 Work RVU:** 4.07
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.04

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 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2017 Work RVU:**
2007 NF PE RVU: 5.23 **2017 NF PE RVU:**
2007 Fac PE RVU 0.91 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2016 Est Medicare Utilization:** 358,193

2007 Work RVU: 2.39 **2017 Work RVU:** 2.09
2007 NF PE RVU: 5.19 **2017 NF PE RVU:** 4.90
2007 Fac PE RVU 1.11 **2017 Fac PE RVU:** 1.23

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 16,341

2007 Work RVU: 2.92 **2017 Work RVU:** 2.39
2007 NF PE RVU: 6.47 **2017 NF PE RVU:** 6.64
2007 Fac PE RVU 1.33 **2017 Fac PE RVU:**1.37

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

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 Est Medicare Utilization:** 13,882

2007 Work RVU: 3.98 **2017 Work RVU:** 3.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2017 Fac PE RVU:**1.84

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 10,350

2007 Work RVU: 5.02 **2017 Work RVU:** 4.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2017 Fac PE RVU:**2.15

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,472,282

2007 Work RVU: 2.87 **2017 Work RVU:** 2.39
2007 NF PE RVU: 5.79 **2017 NF PE RVU:** 7.02
2007 Fac PE RVU 1.29 **2017 Fac PE RVU:**1.37
Result: Decrease

RUC Recommendation: 2.56

Referred to CPT
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 Est Medicare Utilization:** 691

2007 Work RVU: 6.85 **2017 Work RVU:** 7.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2017 Fac PE RVU:**3.47
Result: Increase

RUC Recommendation: 7.25

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 3,878

2007 Work RVU: 2.59 **2017 Work RVU:** 2.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:**1.35
Result: Maintain

RUC Recommendation: 2.59

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 25,673

2007 Work RVU: 7.30 **2017 Work RVU:** 4.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2017 Fac PE RVU:** 2.41

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 Est Medicare Utilization:** 1,138

2007 Work RVU: 4.56 **2017 Work RVU:** 4.27
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2017 Fac PE RVU:** 2.14

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 21,003

2007 Work RVU: 5.04 **2017 Work RVU:** 4.40
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2017 Fac PE RVU:** 2.26

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 14,984

2007 Work RVU: 3.18 **2017 Work RVU:** 3.08
2007 NF PE RVU: NA **2017 NF PE RVU:** 12.13
2007 Fac PE RVU 1.39 **2017 Fac PE RVU:**1.62
Result: Maintain

RUC Recommendation: 3.18

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

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 88,129

2007 Work RVU: 4.32 **2017 Work RVU:** 3.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **2017 Fac PE RVU:**1.77
Result: Maintain

RUC Recommendation: 4.32

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

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 29,130

2007 Work RVU: 3.38 **2017 Work RVU:** 3.11
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.40
2007 Fac PE RVU 1.48 **2017 Fac PE RVU:**1.66
Result: Decrease

RUC Recommendation: 3.27

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

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 111,463

2007 Work RVU: 3.15 **2017 Work RVU:** 2.91
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.66
2007 Fac PE RVU 1.43 **2017 Fac PE RVU:**1.59
Result: Decrease

RUC Recommendation: 3.01

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 112,230

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.90 **2017 Work RVU:** 2.67
2007 NF PE RVU: NA **2017 NF PE RVU:** 25.79
2007 Fac PE RVU 1.32 **2017 Fac PE RVU:**1.49
Result: Decrease

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 Est Medicare Utilization:** 4,816

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.20 **2017 Work RVU:** 2.97
2007 NF PE RVU: NA **2017 NF PE RVU:** 7.85
2007 Fac PE RVU 1.4 **2017 Fac PE RVU:**1.57
Result: Decrease

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 Est Medicare Utilization:** 32,041

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.69 **2017 Work RVU:** 3.47
2007 NF PE RVU: NA **2017 NF PE RVU:** 8.57
2007 Fac PE RVU 1.6 **2017 Fac PE RVU:**1.83
Result: Decrease

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 Est Medicare Utilization:** 1,651

2007 Work RVU: **2017 Work RVU:** 4.73
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.41

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 Est Medicare Utilization:** 4,922

2007 Work RVU: **2017 Work RVU:** 4.87
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.46

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 Est Medicare Utilization:** 58,087

2007 Work RVU: 4.81 **2017 Work RVU:** 3.56
2007 NF PE RVU: NA **2017 NF PE RVU:** 14.84
2007 Fac PE RVU 2.05 **2017 Fac PE RVU:** 1.89

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 Est Medicare Utilization:**

2007 Work RVU: 4.34 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.85 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 361

2007 Work RVU: 5.50 **2017 Work RVU:** 4.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2017 Fac PE RVU:**2.09

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 Est Medicare Utilization:**

2007 Work RVU: 4.54 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.94 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 36,018

2007 Work RVU: 5.19 **2017 Work RVU:** 4.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2017 Fac PE RVU:** 2.10

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 Est Medicare Utilization:** 6,484

2007 Work RVU: 5.95 **2017 Work RVU:** 5.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2017 Fac PE RVU:** 2.90

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 Est Medicare Utilization:** 8,022

2007 Work RVU: 6.26 **2017 Work RVU:** 6.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2017 Fac PE RVU:** 3.04

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 Est Medicare Utilization:** 33,861

2007 Work RVU: 7.38 **2017 Work RVU:** 6.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2017 Fac PE RVU:**3.19

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 Est Medicare Utilization:** 248

2007 Work RVU: 7.28 **2017 Work RVU:** 6.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2017 Fac PE RVU:**3.19

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 Est Medicare Utilization:** 51,344

2007 Work RVU: 8.89 **2017 Work RVU:** 6.63
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2017 Fac PE RVU:**3.25

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 Est Medicare Utilization:** 2,658

2007 Work RVU: 10.00 **2017 Work RVU:** 7.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2017 Fac PE RVU:** 3.82
Result: Decrease

RUC Recommendation: 8.03

Referred to CPT February 2013
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 Est Medicare Utilization:** 4,977

2007 Work RVU: **2017 Work RVU:** 3.92
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.94
Result: Decrease

RUC Recommendation: 4.40

Referred to CPT October 2012
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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.15 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 8.20 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.35 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 19,409

2007 Work RVU: **2017 Work RVU:** 4.01
2007 NF PE RVU: **2017 NF PE RVU:** 14.39
2007 Fac PE RVU **2017 Fac PE RVU:** 2.08

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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.03 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.05 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 7,138

2007 Work RVU: **2017 Work RVU:** 2.24
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.99

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 Est Medicare Utilization:** 40,298

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 8.48
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.07
Result: Decrease

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 Est Medicare Utilization:** 13,244

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 6.86
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.35
Result: Decrease

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 Est Medicare Utilization:** 13,419

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 8.84
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.23
Result: Decrease

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 Est Medicare Utilization:** 6,550

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 6.90
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.37
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 Est Medicare Utilization:** 461

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 7.92
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.82
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 Est Medicare Utilization:** 75,306

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.38 **2017 Work RVU:** 1.28
2007 NF PE RVU: 2.64 **2017 NF PE RVU:** 3.01
2007 Fac PE RVU 0.75 **2017 Fac PE RVU:** 0.88
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 Est Medicare Utilization:** 2,362

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.51 **2017 Work RVU:** 1.41
2007 NF PE RVU: 6.12 **2017 NF PE RVU:** 24.18
2007 Fac PE RVU 0.8 **2017 Fac PE RVU:** 0.93
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 Est Medicare Utilization:**

2007 Work RVU: 2.57 **2017 Work RVU:**
2007 NF PE RVU: 13.55 **2017 NF PE RVU:**
2007 Fac PE RVU 1.2 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 3.06 **2017 Work RVU:**
2007 NF PE RVU: 6.72 **2017 NF PE RVU:**
2007 Fac PE RVU 1.37 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance** **Global:** 000 **Issue:** Percutaneous Change of G-tube **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 12 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2016 Est Medicare Utilization:** 56,091

2007 Work RVU: 1.10 **2017 Work RVU:** 0.90
2007 NF PE RVU: 4.77 **2017 NF PE RVU:** 12.87
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**0.33

RUC Recommendation: 0.75 **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 Est Medicare Utilization:** 10,839

2007 Work RVU: 27.63 **2017 Work RVU:** 27.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.6 **2017 Fac PE RVU:**14.18

RUC Recommendation: 99214 visit appropriate. Remove from screen. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 11,812

2007 Work RVU: 22.86 **2017 Work RVU:** 22.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2017 Fac PE RVU:** 11.05

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

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 9,011

2007 Work RVU: 31.79 **2017 Work RVU:** 31.92
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2017 Fac PE RVU:** 14.49

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 Est Medicare Utilization:** 2,316

2007 Work RVU: 1.05 **2017 Work RVU:** 0.87
2007 NF PE RVU: NA **2017 NF PE RVU:** 3.79
2007 Fac PE RVU 0.6 **2017 Fac PE RVU:** 0.67

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 Est Medicare Utilization:** 150

2007 Work RVU: **2017 Work RVU:** 1.38
2007 NF PE RVU: **2017 NF PE RVU:** 24.96
2007 Fac PE RVU **2017 Fac PE RVU:** 0.92

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,565

2007 Work RVU: 1.27 **2017 Work RVU:** 1.17
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.11
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:** 0.83

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 2.94 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.36 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2016 Est Medicare Utilization:** 196

2007 Work RVU: **2017 Work RVU:** 2.85
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.30

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,450

2007 Work RVU: 1.82 **2017 Work RVU:** 1.20
2007 NF PE RVU: 3.73 **2017 NF PE RVU:** 4.05
2007 Fac PE RVU 0.79 **2017 Fac PE RVU:**0.74

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,463

2007 Work RVU: 2.12 **2017 Work RVU:** 1.50
2007 NF PE RVU: 6.66 **2017 NF PE RVU:** 6.39
2007 Fac PE RVU 0.93 **2017 Fac PE RVU:**0.90

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 Est Medicare Utilization:** 4,729

2007 Work RVU: 2.82 **2017 Work RVU:** 2.72
2007 NF PE RVU: 5.34 **2017 NF PE RVU:** 5.06
2007 Fac PE RVU 1.21 **2017 Fac PE RVU:**1.44

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2016 Est Medicare Utilization:** 2,453

2007 Work RVU: 3.13 **2017 Work RVU:** 3.02
2007 NF PE RVU: 6.73 **2017 NF PE RVU:** 7.30
2007 Fac PE RVU 1.35 **2017 Fac PE RVU:**1.59

RUC Recommendation: 3.12

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2016 Est Medicare Utilization:** 35

2007 Work RVU: 3.82 **2017 Work RVU:** 3.74
2007 NF PE RVU: 7.32 **2017 NF PE RVU:** 6.43
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**1.98

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 Est Medicare Utilization:** 207

2007 Work RVU: 4.31 **2017 Work RVU:** 4.12
2007 NF PE RVU: 8.78 **2017 NF PE RVU:** 14.99
2007 Fac PE RVU 1.83 **2017 Fac PE RVU:**2.10

RUC Recommendation: 4.22

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Est Medicare Utilization:** 410

2007 Work RVU: 3.81 **2017 Work RVU:** 3.53
2007 NF PE RVU: 6.78 **2017 NF PE RVU:** 5.90
2007 Fac PE RVU 1.55 **2017 Fac PE RVU:** 1.76

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.83 **2017 Work RVU:**
2007 NF PE RVU: 7.14 **2017 NF PE RVU:**
2007 Fac PE RVU 1.91 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,644

2007 Work RVU: 4.42 **2017 Work RVU:** 4.03
2007 NF PE RVU: 7.97 **2017 NF PE RVU:** 6.88
2007 Fac PE RVU 1.81 **2017 Fac PE RVU:** 2.02

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.70 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Est Medicare Utilization:** 126

2007 Work RVU: **2017 Work RVU:** 4.34
2007 NF PE RVU: **2017 NF PE RVU:** 85.12
2007 Fac PE RVU **2017 Fac PE RVU:** 2.15

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 Est Medicare Utilization:** 11

2007 Work RVU: **2017 Work RVU:** 4.70
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.32

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Est Medicare Utilization:** 38

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.69

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Est Medicare Utilization:** 155

2007 Work RVU: **2017 Work RVU:** 3.02
2007 NF PE RVU: **2017 NF PE RVU:** 6.80
2007 Fac PE RVU **2017 Fac PE RVU:** 1.62

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Est Medicare Utilization:** 46

2007 Work RVU: **2017 Work RVU:** 3.23
2007 NF PE RVU: **2017 NF PE RVU:** 11.63
2007 Fac PE RVU **2017 Fac PE RVU:** 1.71

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Est Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 4.10
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.09

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Est Medicare Utilization:** 2

2007 Work RVU: **2017 Work RVU:** 4.96
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.46

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 Est Medicare Utilization:** 28

2007 Work RVU: **2017 Work RVU:** 4.14
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.11

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: 25.61 **2017 NF PE RVU:**
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008 **2016 Est Medicare Utilization:** 21,307

2007 Work RVU: 9.35 **2017 Work RVU:** 9.45
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2017 Fac PE RVU:** 5.72

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

45170 **Deleted from CPT**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

First Identified: September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 12.48 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.28 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

First Identified: September 2007 **2016 Est Medicare Utilization:** 2,735

2007 Work RVU: **2017 Work RVU:** 8.13
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 7.63

RUC Recommendation: 8.00

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 2,043

2007 Work RVU: **2017 Work RVU:** 12.13
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 9.07
Result: Decrease

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 29,982

2007 Work RVU: 0.38 **2017 Work RVU:** 0.80
2007 NF PE RVU: 1.63 **2017 NF PE RVU:** 2.58
2007 Fac PE RVU 0.3 **2017 Fac PE RVU:** 0.64
Result: Maintain

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

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2016 Est Medicare Utilization:** 57,435

2007 Work RVU: 0.96 **2017 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2017 NF PE RVU:** 3.78
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:** 0.68
Result: Decrease

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 37,982

2007 Work RVU: 1.15 **2017 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2017 NF PE RVU:** 5.98
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:** 0.82

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 300

2007 Work RVU: 1.79 **2017 Work RVU:** 1.76
2007 NF PE RVU: 5.15 **2017 NF PE RVU:** 5.11
2007 Fac PE RVU 0.86 **2017 Fac PE RVU:** 1.07

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 Est Medicare Utilization:** 1,114

2007 Work RVU: 1.79 **2017 Work RVU:** 1.55
2007 NF PE RVU: 5.06 **2017 NF PE RVU:** 6.54
2007 Fac PE RVU 0.85 **2017 Fac PE RVU:** 0.97

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,273

2007 Work RVU: 2.73 **2017 Work RVU:** 2.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 13.36
2007 Fac PE RVU 1.24 **2017 Fac PE RVU:**1.20

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 3,319

2007 Work RVU: 1.46 **2017 Work RVU:** 1.04
2007 NF PE RVU: 3.74 **2017 NF PE RVU:** 5.44
2007 Fac PE RVU 0.75 **2017 Fac PE RVU:**0.76

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 Est Medicare Utilization:** 1,404

2007 Work RVU: 2.36 **2017 Work RVU:** 2.10
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2017 Fac PE RVU:**0.98

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,044

2007 Work RVU: 2.34 **2017 Work RVU:** 2.05
2007 NF PE RVU: 5.37 **2017 NF PE RVU:** 5.29
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**1.20

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.14 **2017 Work RVU:**
2007 NF PE RVU: 4.03 **2017 NF PE RVU:**
2007 Fac PE RVU 1.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,294

2007 Work RVU: 1.89 **2017 Work RVU:** 1.25
2007 NF PE RVU: 7.18 **2017 NF PE RVU:** 10.80
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:**0.85

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,520

2007 Work RVU: 2.60 **2017 Work RVU:** 2.12
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:** 1.25

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Est Medicare Utilization:** 371

2007 Work RVU: 4.05 **2017 Work RVU:** 2.98
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2017 Fac PE RVU:** 1.63

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 Est Medicare Utilization:**

2007 Work RVU: 2.92 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.26 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,111

2007 Work RVU: **2017 Work RVU:** 2.81
2007 NF PE RVU: **2017 NF PE RVU:** 83.35
2007 Fac PE RVU **2017 Fac PE RVU:** 1.53

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 578

2007 Work RVU: **2017 Work RVU:** 2.72
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.46

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 Est Medicare Utilization:** 418

2007 Work RVU: **2017 Work RVU:** 3.52
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.84

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 787

2007 Work RVU: **2017 Work RVU:** 1.68
2007 NF PE RVU: **2017 NF PE RVU:** 12.96
2007 Fac PE RVU **2017 Fac PE RVU:** 1.05

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.51 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.43 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 436,553

2007 Work RVU: 3.69 **2017 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2017 NF PE RVU:** 5.26
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:** 1.71

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 865

2007 Work RVU: 4.68 **2017 Work RVU:** 4.28
2007 NF PE RVU: 7.78 **2017 NF PE RVU:** 6.72
2007 Fac PE RVU 1.92 **2017 Fac PE RVU:** 2.15

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,029,715

2007 Work RVU: 4.43 **2017 Work RVU:** 3.56
2007 NF PE RVU: 7.33 **2017 NF PE RVU:** 7.46
2007 Fac PE RVU 1.87 **2017 Fac PE RVU:** 1.86

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2016 Est Medicare Utilization:** 76,850

2007 Work RVU: 4.19 **2017 Work RVU:** 3.56
2007 NF PE RVU: 7.26 **2017 NF PE RVU:** 6.96
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:** 1.87

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 24,406

2007 Work RVU: 5.68 **2017 Work RVU:** 4.66
2007 NF PE RVU: 10.04 **2017 NF PE RVU:** 15.19
2007 Fac PE RVU 2.37 **2017 Fac PE RVU:** 2.36

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 5.86 **2017 Work RVU:**
2007 NF PE RVU: 8.08 **2017 NF PE RVU:**
2007 Fac PE RVU 2.34 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 116,288

2007 Work RVU: 4.69 **2017 Work RVU:** 4.07
2007 NF PE RVU: 6.9 **2017 NF PE RVU:** 8.07
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:** 2.02

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2016 Est Medicare Utilization:** 856,055

2007 Work RVU: 5.30 **2017 Work RVU:** 4.57
2007 NF PE RVU: 7.94 **2017 NF PE RVU:** 6.91
2007 Fac PE RVU 2.18 **2017 Fac PE RVU:** 2.30

RUC Recommendation: 4.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,282

2007 Work RVU: 4.57 **2017 Work RVU:** 3.77
2007 NF PE RVU: 12.37 **2017 NF PE RVU:** 12.30
2007 Fac PE RVU 1.89 **2017 Fac PE RVU:** 1.93

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 Est Medicare Utilization:**

2007 Work RVU: 5.90 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.49 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 31,054

2007 Work RVU: **2017 Work RVU:** 4.88
2007 NF PE RVU: **2017 NF PE RVU:** 85.39
2007 Fac PE RVU **2017 Fac PE RVU:** 2.39

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 458

2007 Work RVU: **2017 Work RVU:** 5.24
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.58

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 Est Medicare Utilization:** 14,000

2007 Work RVU: **2017 Work RVU:** 6.04
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.93

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,001

2007 Work RVU: 5.09 **2017 Work RVU:** 4.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2017 Fac PE RVU:** 2.35

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 164

2007 Work RVU: 6.54 **2017 Work RVU:** 5.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2017 Fac PE RVU:** 2.73

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 Est Medicare Utilization:** 1,920

2007 Work RVU: **2017 Work RVU:** 4.68
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.08

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,132

2007 Work RVU: **2017 Work RVU:** 4.20
2007 NF PE RVU: **2017 NF PE RVU:** 14.32
2007 Fac PE RVU **2017 Fac PE RVU:** 2.13

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,152

2007 Work RVU: 3.48 **2017 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2017 NF PE RVU:** 8.50
2007 Fac PE RVU 3.08 **2017 Fac PE RVU:** 5.12

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

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2016 Est Medicare Utilization:** 13,157

2007 Work RVU: 1.64 **2017 Work RVU:** 1.42
2007 NF PE RVU: 2.48 **2017 NF PE RVU:** 3.71
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:** 1.90

RUC Recommendation: 1.69. Submit action plan **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 3.69 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:** 1,485

2007 Work RVU: 83.29 **2017 Work RVU:** 90.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2017 Fac PE RVU:**44.36

RUC Recommendation: 91.78

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

Result: Increase

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 Est Medicare Utilization:**

2007 Work RVU: 70.39 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 26.2 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,675

2007 Work RVU: 15.19 **2017 Work RVU:** 14.97
2007 NF PE RVU: NA **2017 NF PE RVU:** 120.89
2007 Fac PE RVU 5.83 **2017 Fac PE RVU:**5.55

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 11,615

2007 Work RVU: 8.05 **2017 Work RVU:** 4.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2017 Fac PE RVU:**4.39

RUC Recommendation: 4.76 **Referred to CPT** June 2009 **Result:** Decrease

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

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.96 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.62 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.24 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 7.94 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.76 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 10.74 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.87 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 5.55 **2017 Work RVU:**
2007 NF PE RVU: 14.8 **2017 NF PE RVU:**
2007 Fac PE RVU 2.67 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 5.96 **2017 Work RVU:**
2007 NF PE RVU: 32.56 **2017 NF PE RVU:**
2007 Fac PE RVU 3.53 **2017 Fac PE RVU:**

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

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Est Medicare Utilization:** 9,555

2007 Work RVU: **2017 Work RVU:** 1.30
2007 NF PE RVU: **2017 NF PE RVU:** 7.46
2007 Fac PE RVU **2017 Fac PE RVU:** 0.64

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 714

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 18.10
2007 Fac PE RVU **2017 Fac PE RVU:** 1.56
Result: Increase

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 Est Medicare Utilization:** 1,594

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 5.38
2007 NF PE RVU: **2017 NF PE RVU:** 29.23
2007 Fac PE RVU **2017 Fac PE RVU:** 1.93
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 Est Medicare Utilization:** 4,553

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 7.60
2007 NF PE RVU: **2017 NF PE RVU:** 33.55
2007 Fac PE RVU **2017 Fac PE RVU:** 2.62
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 509

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 3.95
2007 NF PE RVU: **2017 NF PE RVU:** 24.55
2007 Fac PE RVU **2017 Fac PE RVU:** 1.50
Result: Increase

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 Est Medicare Utilization:** 12,315

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 2.61
2007 NF PE RVU: **2017 NF PE RVU:** 16.74
2007 Fac PE RVU **2017 Fac PE RVU:** 1.04
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 Est Medicare Utilization:** 1,293

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 1.84
2007 NF PE RVU: **2017 NF PE RVU:** 8.40
2007 Fac PE RVU **2017 Fac PE RVU:** 0.82
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; 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 Est Medicare Utilization:** 1,173

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 4.75
2007 NF PE RVU: **2017 NF PE RVU:** 117.20
2007 Fac PE RVU **2017 Fac PE RVU:** 1.73
Result: Increase

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; 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 Est Medicare Utilization:** 157

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 125.91
2007 Fac PE RVU **2017 Fac PE RVU:** 2.99
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 Est Medicare Utilization:** 320

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 9.03
2007 NF PE RVU: **2017 NF PE RVU:** 128.96
2007 Fac PE RVU **2017 Fac PE RVU:** 3.11
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 146

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 6.75
2007 NF PE RVU: **2017 NF PE RVU:** 25.91
2007 Fac PE RVU **2017 Fac PE RVU:** 2.36
Result: Increase

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 Est Medicare Utilization:** 1,241

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 2.85
2007 NF PE RVU: **2017 NF PE RVU:** 10.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.87
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 Est Medicare Utilization:** 820

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 12.79
2007 Fac PE RVU **2017 Fac PE RVU:** 1.07
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Est Medicare Utilization:** 348

2007 Work RVU: **2017 Work RVU:** 3.28
2007 NF PE RVU: **2017 NF PE RVU:** 27.21
2007 Fac PE RVU **2017 Fac PE RVU:** 1.06
Result: Increase

RUC Recommendation: 3.28

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

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.88 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**
Result: Maintain

RUC Recommendation: Deleted from CPT

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

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2016 Est Medicare Utilization:** 111,784

2007 Work RVU: 11.63 **2017 Work RVU:** 10.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2017 Fac PE RVU:** 6.10
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

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

Status Report: CMS Requests and Relativity Assessment Issues

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Est Medicare Utilization:** 45,814

2007 Work RVU: 12.03 **2017 Work RVU:** 11.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2017 Fac PE RVU:**6.49

RUC Recommendation: No further action. 12.11 **Referred to CPT** **Result:** Maintain

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

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 10,800

2007 Work RVU: 17.35 **2017 Work RVU:** 17.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2017 Fac PE RVU:**9.34

RUC Recommendation: 20.00 **Referred to CPT** **Result:** Increase

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

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 2,100

2007 Work RVU: 15.90 **2017 Work RVU:** 18.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2017 Fac PE RVU:**9.70

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2016 Est Medicare Utilization:** 1,387

2007 Work RVU: 4.68 **2017 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2017 NF PE RVU:** 10.05
2007 Fac PE RVU 1.85 **2017 Fac PE RVU:** 1.89

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 20.43 **2017 NF PE RVU:**
2007 Fac PE RVU 1.27 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: 20.43 **2017 NF PE RVU:**
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 19.33 **2017 NF PE RVU:**
2007 Fac PE RVU 1.27 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 3.69 **2017 Work RVU:**
2007 NF PE RVU: 19.38 **2017 NF PE RVU:**
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

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

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.35 **2017 Work RVU:**
2007 NF PE RVU: 3.63 **2017 NF PE RVU:**
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 1.26 **2017 Work RVU:**
2007 NF PE RVU: 2.65 **2017 NF PE RVU:**
2007 Fac PE RVU 0.43 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 12,093

2007 Work RVU: **2017 Work RVU:** 1.24
2007 NF PE RVU: **2017 NF PE RVU:** 4.08
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Est Medicare Utilization:** 234,963

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 6.18
2007 Fac PE RVU **2017 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Est Medicare Utilization:** 2,248

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.72

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2016 Est Medicare Utilization:** 6,229

RUC Recommendation: 4.25

Referred to CPT October 2012

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

2007 Work RVU: **2017 Work RVU:** 4.00

2007 NF PE RVU: **2017 NF PE RVU:** 18.56

2007 Fac PE RVU **2017 Fac PE RVU:** 1.42

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 Est Medicare Utilization:** 31,633

RUC Recommendation: 4.25

Referred to CPT October 2012

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

2007 Work RVU: **2017 Work RVU:** 4.00

2007 NF PE RVU: **2017 NF PE RVU:** 18.57

2007 Fac PE RVU **2017 Fac PE RVU:** 1.42

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 Est Medicare Utilization:** 292

RUC Recommendation: 4.50

Referred to CPT October 2012

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

2007 Work RVU: **2017 Work RVU:** 4.25

2007 NF PE RVU: **2017 NF PE RVU:** 13.96

2007 Fac PE RVU **2017 Fac PE RVU:** 1.49

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 Est Medicare Utilization:** 5,376

2007 Work RVU: **2017 Work RVU:** 3.96
2007 NF PE RVU: **2017 NF PE RVU:** 34.33
2007 Fac PE RVU **2017 Fac PE RVU:** 1.58

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 Est Medicare Utilization:**

2007 Work RVU: 2.22 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.11 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 2,591

2007 Work RVU: 5.87 **2017 Work RVU:** 4.21
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2017 Fac PE RVU:** 1.52

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 Est Medicare Utilization:** 11,575

2007 Work RVU: 6.26 **2017 Work RVU:** 6.29
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2017 Fac PE RVU:**3.30

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 Est Medicare Utilization:** 66,352

2007 Work RVU: 7.88 **2017 Work RVU:** 7.96
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2017 Fac PE RVU:**5.21

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 Est Medicare Utilization:** 11,992

2007 Work RVU: 9.97 **2017 Work RVU:** 9.09
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2017 Fac PE RVU:**5.69

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 Est Medicare Utilization:** 2,311

2007 Work RVU: 12.36 **2017 Work RVU:** 11.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2017 Fac PE RVU:**6.54

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 9,306

2007 Work RVU: 7.96 **2017 Work RVU:** 7.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2017 Fac PE RVU:** 4.98

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 Est Medicare Utilization:** 8,374

2007 Work RVU: **2017 Work RVU:** 11.92
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 6.81

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 Est Medicare Utilization:** 4,748

2007 Work RVU: **2017 Work RVU:** 14.94
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 8.40

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 Est Medicare Utilization:** 6,871

2007 Work RVU: **2017 Work RVU:** 13.76
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 7.49

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 Est Medicare Utilization:** 4,123

2007 Work RVU: **2017 Work RVU:** 16.84
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 9.08
Result: Maintain

RUC Recommendation: 18.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50021 **Drainage of perirenal or renal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: 21.23 **2017 NF PE RVU:**
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 36,113

2007 Work RVU: 2.63 **2017 Work RVU:** 2.38
2007 NF PE RVU: NA **2017 NF PE RVU:** 12.59
2007 Fac PE RVU 1.24 **2017 Fac PE RVU:** 1.13
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

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 Est Medicare Utilization:** 10,800

2007 Work RVU: 40.45 **2017 Work RVU:** 39.88
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2017 Fac PE RVU:** 21.04

RUC Recommendation: 40.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Est Medicare Utilization:** 6,125

2007 Work RVU: 2.00 **2017 Work RVU:** 1.75
2007 NF PE RVU: 16.66 **2017 NF PE RVU:** 12.02
2007 Fac PE RVU 0.65 **2017 Fac PE RVU:** 0.56

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.15 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.71 **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 2.45 **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 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:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 3,075

2007 Work RVU: 3.37 **2017 Work RVU:** 3.37
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**1.47

RUC Recommendation: Refer to CPT **Referred to CPT** September 2017 **Result:**
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 Est Medicare Utilization:**

2007 Work RVU: 1.46 **2017 Work RVU:**
2007 NF PE RVU: 15.06 **2017 NF PE RVU:**
2007 Fac PE RVU 0.51 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Est Medicare Utilization:** 1,488

2007 Work RVU: **2017 Work RVU:** 2.90
2007 NF PE RVU: **2017 NF PE RVU:** 9.82
2007 Fac PE RVU **2017 Fac PE RVU:** 1.31

RUC Recommendation: 3.15

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Est Medicare Utilization:** 9,409

2007 Work RVU: **2017 Work RVU:** 1.10
2007 NF PE RVU: **2017 NF PE RVU:** 3.43
2007 Fac PE RVU **2017 Fac PE RVU:** 0.72

RUC Recommendation: 1.42

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 25,029

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 17.58
2007 Fac PE RVU **2017 Fac PE RVU:** 1.67

RUC Recommendation: 5.75 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 2,035

2007 Work RVU: **2017 Work RVU:** 3.75
2007 NF PE RVU: **2017 NF PE RVU:** 19.46
2007 Fac PE RVU **2017 Fac PE RVU:** 1.59

RUC Recommendation: 4.20 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 39,086

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 11.41
2007 Fac PE RVU **2017 Fac PE RVU:** 0.95

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2016 Est Medicare Utilization:** 316

2007 Work RVU: 21.18 **2017 Work RVU:** 21.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2017 Fac PE RVU:** 9.96

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2016 Est Medicare Utilization:** 2,219

2007 Work RVU: 25.26 **2017 Work RVU:** 25.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2017 Fac PE RVU:** 10.75

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2016 Est Medicare Utilization:** 60,196

2007 Work RVU: 9.64 **2017 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2017 NF PE RVU:** 9.80
2007 Fac PE RVU 4.65 **2017 Fac PE RVU:** 5.54

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 Est Medicare Utilization:** 2,978

2007 Work RVU: 16.66 **2017 Work RVU:** 16.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2017 Fac PE RVU:** 8.52

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 125

2007 Work RVU: **2017 Work RVU:** 3.16
2007 NF PE RVU: **2017 NF PE RVU:** 16.50
2007 Fac PE RVU **2017 Fac PE RVU:** 1.06

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 4,398

2007 Work RVU: **2017 Work RVU:** 3.96
2007 NF PE RVU: **2017 NF PE RVU:** 23.72
2007 Fac PE RVU **2017 Fac PE RVU:** 1.65

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 1,155

2007 Work RVU: **2017 Work RVU:** 5.25
2007 NF PE RVU: **2017 NF PE RVU:** 25.05
2007 Fac PE RVU **2017 Fac PE RVU:** 2.08

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 1,531

2007 Work RVU: **2017 Work RVU:** 6.80
2007 NF PE RVU: **2017 NF PE RVU:** 30.38
2007 Fac PE RVU **2017 Fac PE RVU:** 2.60

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 114

2007 Work RVU: **2017 Work RVU:** 4.03
2007 NF PE RVU: **2017 NF PE RVU:** 50.50
2007 Fac PE RVU **2017 Fac PE RVU:** 1.35

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 1,438

2007 Work RVU: **2017 Work RVU:** 3.80
2007 NF PE RVU: **2017 NF PE RVU:** 24.14
2007 Fac PE RVU **2017 Fac PE RVU:** 1.27

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2016 Est Medicare Utilization:** 5,802

2007 Work RVU: 4.43 **2017 Work RVU:** 4.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:**3.35
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

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

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Est Medicare Utilization:** 14,655

2007 Work RVU: **2017 Work RVU:** 2.70
2007 NF PE RVU: **2017 NF PE RVU:** 3.49
2007 Fac PE RVU **2017 Fac PE RVU:**1.19
Result: Decrease

RUC Recommendation: 2.70

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

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2016 Est Medicare Utilization:** 191,054

2007 Work RVU: 0.88 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.58 **2017 NF PE RVU:** 1.41
2007 Fac PE RVU 0.3 **2017 Fac PE RVU:**0.38
Result: Decrease

RUC Recommendation: 0.60

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

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2016 Est Medicare Utilization:** 181,442

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.18
Result: Maintain

RUC Recommendation: 0.50

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

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Est Medicare Utilization:** 236,491

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2017 NF PE RVU:** 1.23
2007 Fac PE RVU 0.27 **2017 Fac PE RVU:**0.18

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 Est Medicare Utilization:** 58,796

2007 Work RVU: 1.47 **2017 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2017 NF PE RVU:** 1.93
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.59

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 Est Medicare Utilization:** 192,341

2007 Work RVU: 1.50 **2017 Work RVU:** 0.87
2007 NF PE RVU: 1.72 **2017 NF PE RVU:** 1.55
2007 Fac PE RVU 0.71 **2017 Fac PE RVU:**0.90

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2016 Est Medicare Utilization:** 7,756

2007 Work RVU: 1.71 **2017 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2017 NF PE RVU:** 5.62
2007 Fac PE RVU 7.41 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2016 Est Medicare Utilization:** 2,310

2007 Work RVU: **2017 Work RVU:** 2.11
2007 NF PE RVU: **2017 NF PE RVU:** 6.54
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2016 Est Medicare Utilization:** 71,003

2007 Work RVU: **2017 Work RVU:** 2.11
2007 NF PE RVU: **2017 NF PE RVU:** 6.65
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2016 Est Medicare Utilization:** 75,268

2007 Work RVU: **2017 Work RVU:** 2.51
2007 NF PE RVU: **2017 NF PE RVU:** 6.93
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.51 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2016 Est Medicare Utilization:** 11,416

2007 Work RVU: 0.61 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.25
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**NA

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

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Est Medicare Utilization:** 507,757

2007 Work RVU: 1.14 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU 0.91 **2017 Fac PE RVU:**NA

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

51772 **Deleted from CPT** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.61 **2017 Work RVU:**
2007 NF PE RVU: 5.44 **2017 NF PE RVU:**
2007 Fac PE RVU 5.44 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 34 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2016 Est Medicare Utilization:** 160,700

2007 Work RVU: 1.53 **2017 Work RVU:** 0.75
2007 NF PE RVU: 3.95 **2017 NF PE RVU:** 1.15
2007 Fac PE RVU 3.95 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.75 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2016 Est Medicare Utilization:** 10,891

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2017 NF PE RVU:** 4.80
2007 Fac PE RVU 5.74 **2017 Fac PE RVU:**NA

RUC Recommendation: CPT edits and CPT Assistant article complete. **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

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

2007 Work RVU: 1.53 **2017 Work RVU:**
2007 NF PE RVU: 7.15 **2017 NF PE RVU:**
2007 Fac PE RVU 7.15 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008

2016 Est Medicare Utilization: 131,261

2007 Work RVU: 1.60 **2017 Work RVU:** 0.80

2007 NF PE RVU: 5.55 **2017 NF PE RVU:** 2.31

2007 Fac PE RVU 5.55 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.80

Referred to CPT February 2009

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

Result: Maintain

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015

2016 Est Medicare Utilization: 2,202,815

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00

2007 NF PE RVU: 0.4 **2017 NF PE RVU:** 0.53

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: PE Only

Referred to CPT

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

Result: PE Only

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010

2016 Est Medicare Utilization: 934,561

2007 Work RVU: 2.23 **2017 Work RVU:** 1.53

2007 NF PE RVU: 3.4 **2017 NF PE RVU:** 2.98

2007 Fac PE RVU 0.91 **2017 Fac PE RVU:**1.24

RUC Recommendation: 1.75

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: June 2008 **2016 Est Medicare Utilization:** 19,921

2007 Work RVU: 3.70 **2017 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2017 NF PE RVU:** 14.88
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**1.22

RUC Recommendation: Refer to CPT Assistant. 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 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2016 Est Medicare Utilization:** 44,544

2007 Work RVU: 3.14 **2017 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2017 NF PE RVU:** 15.16
2007 Fac PE RVU 1.28 **2017 Fac PE RVU:**1.41

RUC Recommendation: Refer to CPT Assistant. 4.05.

Referred to CPT
Result: Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2016 Est Medicare Utilization:** 28,430

2007 Work RVU: 4.62 **2017 Work RVU:** 4.62
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2017 Fac PE RVU:**1.99

RUC Recommendation: Refer to CPT Assistant. 4.62

Referred to CPT
Result: Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2016 Est Medicare Utilization:** 32,951

2007 Work RVU: 5.44 **2017 Work RVU:** 5.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2017 Fac PE RVU:** 2.31

RUC Recommendation: Refer to CPT Assistant. 5.44

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Maintain

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Est Medicare Utilization:** 22,857

2007 Work RVU: 9.71 **2017 Work RVU:** 7.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2017 Fac PE RVU:** 3.02

RUC Recommendation: Refer to CPT Assistant. 8.75

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Decrease

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

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

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Est Medicare Utilization:** 79,943

2007 Work RVU: 2.80 **2017 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2017 NF PE RVU:** 4.72
2007 Fac PE RVU 1.21 **2017 Fac PE RVU:** 1.35

RUC Recommendation: 2.80

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Est Medicare Utilization:** 144,924

2007 Work RVU: 2.83 **2017 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2017 NF PE RVU:** 10.78
2007 Fac PE RVU 1.19 **2017 Fac PE RVU:**1.37

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Est Medicare Utilization:** 2,551

2007 Work RVU: 6.11 **2017 Work RVU:** 5.35
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2017 Fac PE RVU:**2.28

RUC Recommendation: 5.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Est Medicare Utilization:** 249

2007 Work RVU: 6.61 **2017 Work RVU:** 5.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2017 Fac PE RVU:**2.45

RUC Recommendation: 5.85 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Est Medicare Utilization:** 37

2007 Work RVU: 7.31 **2017 Work RVU:** 6.55
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2017 Fac PE RVU:** 2.69
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 Est Medicare Utilization:** 3,133

2007 Work RVU: 7.81 **2017 Work RVU:** 7.05
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2017 Fac PE RVU:** 2.87
Result: Decrease

RUC Recommendation: 7.05
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Est Medicare Utilization:** 487

2007 Work RVU: 8.31 **2017 Work RVU:** 7.55
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2017 Fac PE RVU:** 3.04
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 Est Medicare Utilization:** 237

2007 Work RVU: 9.34 **2017 Work RVU:** 8.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2017 Fac PE RVU:** 3.40
Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Est Medicare Utilization:** 21,717

2007 Work RVU: 5.85 **2017 Work RVU:** 5.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:**2.38

RUC Recommendation: 5.75 **Referred to CPT** **Result:** Decrease

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

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Est Medicare Utilization:** 24,120

2007 Work RVU: 6.87 **2017 Work RVU:** 6.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2017 Fac PE RVU:**2.76

RUC Recommendation: 6.75 **Referred to CPT** **Result:** Decrease

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

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 Est Medicare Utilization:** 11,677

2007 Work RVU: 7.96 **2017 Work RVU:** 7.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2017 Fac PE RVU:**3.02

RUC Recommendation: 7.50 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Est Medicare Utilization:** 8,559

2007 Work RVU: 7.33 **2017 Work RVU:** 8.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2017 Fac PE RVU:**3.20

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 Est Medicare Utilization:** 1,028

2007 Work RVU: 8.81 **2017 Work RVU:** 9.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2017 Fac PE RVU:**3.54

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2016 Est Medicare Utilization:** 61,055

2007 Work RVU: **2017 Work RVU:** 8.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.16

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Est Medicare Utilization:** 234

RUC Recommendation: 8.69

Referred to CPT

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

2007 Work RVU: 10.06 **2017 Work RVU:** 8.69
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **2017 Fac PE RVU:** 4.17
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 Est Medicare Utilization:** 3,834

RUC Recommendation: 8.14

Referred to CPT

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

2007 Work RVU: 9.39 **2017 Work RVU:** 8.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **2017 Fac PE RVU:** 5.04
Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2016 Est Medicare Utilization:** 47,575

RUC Recommendation: 13.16

Referred to CPT

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

2007 Work RVU: 15.13 **2017 Work RVU:** 15.26
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.99 **2017 Fac PE RVU:** 7.48
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 Est Medicare Utilization:** 1,710

RUC Recommendation: 4.79

Referred to CPT

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

2007 Work RVU: 6.89 **2017 Work RVU:** 4.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2017 Fac PE RVU:** 3.77
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Est Medicare Utilization:** 22,220

2007 Work RVU: 12.00 **2017 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2017 NF PE RVU:** 38.67
2007 Fac PE RVU 5.44 **2017 Fac PE RVU:**6.43

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

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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 Est Medicare Utilization:** 1,913

2007 Work RVU: 15.21 **2017 Work RVU:** 13.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2017 Fac PE RVU:**7.30

RUC Recommendation: 13.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 6,117

2007 Work RVU: 9.98 **2017 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2017 NF PE RVU:** 47.76
2007 Fac PE RVU 4.46 **2017 Fac PE RVU:**6.32

RUC Recommendation: 10.08 **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

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 Est Medicare Utilization:** 5,188

2007 Work RVU: 14.39 **2017 Work RVU:** 14.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2017 Fac PE RVU:**7.23
Result: Maintain

RUC Recommendation: 14.39

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

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,305

2007 Work RVU: 16.48 **2017 Work RVU:** 15.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2017 Fac PE RVU:**7.96
Result: Decrease

RUC Recommendation: 15.18

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

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach** **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 2,926

2007 Work RVU: 5.25 **2017 Work RVU:** 5.30
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2017 Fac PE RVU:**3.46
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 Est Medicare Utilization:** 1,254

2007 Work RVU: 9.31 **2017 Work RVU:** 8.46
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2017 Fac PE RVU:**5.16
Result: Decrease

RUC Recommendation: 8.46

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 143,994

2007 Work RVU: 2.58 **2017 Work RVU:** 2.50
2007 NF PE RVU: 4.08 **2017 NF PE RVU:** 4.28
2007 Fac PE RVU 0.82 **2017 Fac PE RVU:** 1.01

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Est Medicare Utilization:** 1,365

2007 Work RVU: **2017 Work RVU:** 6.28
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.79

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

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2016 Est Medicare Utilization:** 1,775

2007 Work RVU: 24.45 **2017 Work RVU:** 21.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2017 Fac PE RVU:** 10.13

RUC Recommendation: 21.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2016 Est Medicare Utilization:** 230

2007 Work RVU: 26.31 **2017 Work RVU:** 21.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2017 Fac PE RVU:** 10.12

RUC Recommendation: 24.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2016 Est Medicare Utilization:** 1,616

2007 Work RVU: 30.52 **2017 Work RVU:** 25.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2017 Fac PE RVU:**11.44

RUC Recommendation: 29.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** 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 Est Medicare Utilization:** 17,006

2007 Work RVU: 32.25 **2017 Work RVU:** 26.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2017 Fac PE RVU:**11.99

RUC Recommendation: 26.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,644

2007 Work RVU: 20.25 **2017 Work RVU:** 13.60
2007 NF PE RVU: NA **2017 NF PE RVU:** 185.41
2007 Fac PE RVU 9.59 **2017 Fac PE RVU:**6.96

RUC Recommendation: 13.45 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: April 2015 **2016 Est Medicare Utilization:** 5,687

2007 Work RVU: 13.31 **2017 Work RVU:** 13.46
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2017 Fac PE RVU:**7.17

RUC Recommendation: Review data at RAW

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

Result: Not Part of RAW

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2016 Est Medicare Utilization:** 2,139

2007 Work RVU: 3.03 **2017 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2017 NF PE RVU:** 2.93
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:**2.23

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2016 Est Medicare Utilization:** 2,991

2007 Work RVU: 8.44 **2017 Work RVU:** 7.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2017 Fac PE RVU:**6.02

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 Est Medicare Utilization:** 30,342

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 0.97 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**0.22

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 Est Medicare Utilization:** 3,657

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.79 **2017 Work RVU:** 5.15
2007 NF PE RVU: NA **2017 NF PE RVU:** 4.77
2007 Fac PE RVU 4.3 **2017 Fac PE RVU:** 2.37
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 Est Medicare Utilization:** 13,476

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 2.69
2007 NF PE RVU: **2017 NF PE RVU:** 2.76
2007 Fac PE RVU **2017 Fac PE RVU:** 1.32
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 Est Medicare Utilization:** 94,732

RUC Recommendation: 0.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.89 **2017 Work RVU:** 0.89
2007 NF PE RVU: 1.02 **2017 NF PE RVU:** 1.18
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:** 0.35
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2016 Est Medicare Utilization:** 10,557

2007 Work RVU: 11.42 **2017 Work RVU:** 11.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.22 **2017 Fac PE RVU:**6.27

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 Est Medicare Utilization:** 8,124

2007 Work RVU: 11.42 **2017 Work RVU:** 11.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.93 **2017 Fac PE RVU:**6.36

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57260 **Combined anteroposterior colporrhaphy;** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Est Medicare Utilization:** 9,268

2007 Work RVU: 14.36 **2017 Work RVU:** 14.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.08 **2017 Fac PE RVU:**7.53

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy; 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 Est Medicare Utilization:** 4,548

2007 Work RVU: 15.86 **2017 Work RVU:** 15.94
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.1 **2017 Fac PE RVU:**8.11

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 Est Medicare Utilization:** 2,405

2007 Work RVU: 11.49 **2017 Work RVU:** 11.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2017 Fac PE RVU:**7.02

RUC Recommendation: 10.97 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 25,751

2007 Work RVU: 14.01 **2017 Work RVU:** 12.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2017 Fac PE RVU:**6.91

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 75,707

2007 Work RVU: 1.53 **2017 Work RVU:** 1.53
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.38
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.78

RUC Recommendation: 1.21 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 693

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.50
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 Est Medicare Utilization:** 1,965

2007 Work RVU: 3.33 **2017 Work RVU:** 2.65
2007 NF PE RVU: 2.32 **2017 NF PE RVU:** 4.63
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**1.43

RUC Recommendation: 3.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 44,709

2007 Work RVU: 4.74 **2017 Work RVU:** 4.17
2007 NF PE RVU: 2.52 **2017 NF PE RVU:** 33.82
2007 Fac PE RVU 2.05 **2017 Fac PE RVU:**2.03

RUC Recommendation: 4.37 **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

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 Est Medicare Utilization:** 169

2007 Work RVU: 6.16 **2017 Work RVU:** 5.20
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.56 **2017 Fac PE RVU:**2.44
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 Est Medicare Utilization:** 52

2007 Work RVU: 6.99 **2017 Work RVU:** 5.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.88 **2017 Fac PE RVU:**2.65
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 Est Medicare Utilization:** 2,670

2007 Work RVU: 9.99 **2017 Work RVU:** 6.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4 **2017 Fac PE RVU:**5.14
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 Est Medicare Utilization:** 195

2007 Work RVU: 5.20 **2017 Work RVU:** 4.00
2007 NF PE RVU: 2.63 **2017 NF PE RVU:** 5.15
2007 Fac PE RVU 2.21 **2017 Fac PE RVU:** 2.15

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Est Medicare Utilization:** 3,895

2007 Work RVU: 6.16 **2017 Work RVU:** 4.47
2007 NF PE RVU: 51.38 **2017 NF PE RVU:** 39.97
2007 Fac PE RVU 2.58 **2017 Fac PE RVU:** 2.82

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,130

2007 Work RVU: 11.54 **2017 Work RVU:** 11.59
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2017 Fac PE RVU:** 6.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 12,435

2007 Work RVU: 11.30 **2017 Work RVU:** 11.35
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2017 Fac PE RVU:** 5.55

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 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: 20.75 **2017 NF PE RVU:**
2007 Fac PE RVU 1.08 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:** 3,801

2007 Work RVU: 26.80 **2017 Work RVU:** 32.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2017 Fac PE RVU:** 20.43

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 Est Medicare Utilization:** 1,815

2007 Work RVU: 13.48 **2017 Work RVU:** 14.37
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2017 Fac PE RVU:** 5.81

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 Est Medicare Utilization:** 1,077

2007 Work RVU: 15.29 **2017 Work RVU:** 18.01
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2017 Fac PE RVU:**7.78
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 Est Medicare Utilization:** 50

2007 Work RVU: 1.71 **2017 Work RVU:** 1.71
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2017 Fac PE RVU:**0.86
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 Est Medicare Utilization:** 59

2007 Work RVU: 1.61 **2017 Work RVU:** 1.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2017 Fac PE RVU:**0.64
Result: Maintain

RUC Recommendation: 1.61

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

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Est Medicare Utilization:** 857

2007 Work RVU: 6.22 **2017 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2017 NF PE RVU:** 5.29
2007 Fac PE RVU 1.81 **2017 Fac PE RVU:**2.52
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 Est Medicare Utilization:** 848

2007 Work RVU: 11.04 **2017 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2017 NF PE RVU:** 9.72
2007 Fac PE RVU 3.17 **2017 Fac PE RVU:**4.50
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 Est Medicare Utilization:** 1,267

2007 Work RVU: 2.13 **2017 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU 0.88 **2017 Fac PE RVU:**0.99
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 Est Medicare Utilization:** 3,109

2007 Work RVU: 30.34 **2017 Work RVU:** 35.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2017 Fac PE RVU:**22.23
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 Est Medicare Utilization:** 1,520

2007 Work RVU: 15.95 **2017 Work RVU:** 16.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2017 Fac PE RVU:**6.48
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 Est Medicare Utilization:** 1,005

2007 Work RVU: 18.26 **2017 Work RVU:** 21.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2017 Fac PE RVU:** 9.70

RUC Recommendation: 22.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Est Medicare Utilization:** 101

2007 Work RVU: 28.21 **2017 Work RVU:** 33.87
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2017 Fac PE RVU:** 20.89

RUC Recommendation: 34.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Est Medicare Utilization:** 71

2007 Work RVU: 15.04 **2017 Work RVU:** 16.09
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2017 Fac PE RVU:** 6.39

RUC Recommendation: 16.09 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Est Medicare Utilization:** 45

2007 Work RVU: 16.59 **2017 Work RVU:** 19.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2017 Fac PE RVU:** 8.30

RUC Recommendation: 20.26 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Est Medicare Utilization:** 24

2007 Work RVU: 31.78 **2017 Work RVU:** 36.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2017 Fac PE RVU:**22.38

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 Est Medicare Utilization:** 9

2007 Work RVU: 17.50 **2017 Work RVU:** 16.66
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2017 Fac PE RVU:**6.58

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 Est Medicare Utilization:** 10

2007 Work RVU: 19.70 **2017 Work RVU:** 22.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2017 Fac PE RVU:**9.94

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 Est Medicare Utilization:** 8,455

2007 Work RVU: 12.29 **2017 Work RVU:** 11.19
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2017 Fac PE RVU:**7.08

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 Est Medicare Utilization:** 425

2007 Work RVU: 14.67 **2017 Work RVU:** 14.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2017 Fac PE RVU:**9.18

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 Est Medicare Utilization:** 380

2007 Work RVU: 17.07 **2017 Work RVU:** 17.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2017 Fac PE RVU:**9.07

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 Est Medicare Utilization:** 320

2007 Work RVU: 19.11 **2017 Work RVU:** 19.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2017 Fac PE RVU:**8.93

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 Est Medicare Utilization:** 121

2007 Work RVU: 23.37 **2017 Work RVU:** 23.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2017 Fac PE RVU:** 10.59

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:**

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 Est Medicare Utilization:** 413

2007 Work RVU: 2.10 **2017 Work RVU:** 2.10
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2017 Fac PE RVU:** 1.05

RUC Recommendation: Editorial change

Referred to CPT October 2013

Result: Remove from screen

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

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: October 2009 **2016 Est Medicare Utilization:** 13,307

2007 Work RVU: **2017 Work RVU:** 3.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.74

RUC Recommendation: 3.75

Referred to CPT October 2009

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS

First Identified: October 2009 **2016 Est Medicare Utilization:** 12,443

2007 Work RVU: **2017 Work RVU:** 3.18

2007 NF PE RVU: **2017 NF PE RVU:** NA

2007 Fac PE RVU **2017 Fac PE RVU:** 1.40

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 Est Medicare Utilization:** 8,930

2007 Work RVU: **2017 Work RVU:** 3.75

2007 NF PE RVU: **2017 NF PE RVU:** NA

2007 Fac PE RVU **2017 Fac PE RVU:** 1.77

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 Est Medicare Utilization:**

2007 Work RVU: 17.75 **2017 Work RVU:**

2007 NF PE RVU: NA **2017 NF PE RVU:**

2007 Fac PE RVU 10.08 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2008

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 4.03 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.87 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 6,151

2007 Work RVU: **2017 Work RVU:** 13.93
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 10.23

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 Est Medicare Utilization:** 6,374

2007 Work RVU: **2017 Work RVU:** 3.48
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.61

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 Est Medicare Utilization:** 3,633

2007 Work RVU: **2017 Work RVU:** 19.85
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 12.86

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 Est Medicare Utilization: 908

2007 Work RVU: **2017 Work RVU:** 4.81

2007 NF PE RVU: **2017 NF PE RVU:** NA

2007 Fac PE RVU **2017 Fac PE RVU:** 2.24

RUC Recommendation: 4.81

Referred to CPT

Result: Decrease

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

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified:

2016 Est Medicare Utilization: 5,912

2007 Work RVU: **2017 Work RVU:** 2.25

2007 NF PE RVU: **2017 NF PE RVU:** NA

2007 Fac PE RVU **2017 Fac PE RVU:** 1.39

RUC Recommendation: 2.25

Referred to CPT

Result: Decrease

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

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2016 Est Medicare Utilization: 5,863

2007 Work RVU: 7.37 **2017 Work RVU:** 6.05

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 5.85 **2017 Fac PE RVU:** 6.69

RUC Recommendation: 6.44

Referred to CPT October 2009

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 423

2007 Work RVU: 6.41 **2017 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2017 NF PE RVU:** 11.78
2007 Fac PE RVU 3.11 **2017 Fac PE RVU:**3.90

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

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

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 448

2007 Work RVU: 2.66 **2017 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2017 NF PE RVU:** 3.88
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:**1.52

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Est Medicare Utilization:** 14,170

2007 Work RVU: 1.54 **2017 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2017 NF PE RVU:** 3.59
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.54 **Referred to CPT** October 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2016 Est Medicare Utilization:** 225

2007 Work RVU: 8.88 **2017 Work RVU:** 9.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2017 Fac PE RVU:** 6.33

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS

First Identified: October 2009 **2016 Est Medicare Utilization:** 9,873

2007 Work RVU: 3.00 **2017 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2017 NF PE RVU:** 6.09
2007 Fac PE RVU 1.31 **2017 Fac PE RVU:** 1.64

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

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 Est Medicare Utilization:** 5,768

2007 Work RVU: **2017 Work RVU:** 2.29
2007 NF PE RVU: **2017 NF PE RVU:** 4.40
2007 Fac PE RVU **2017 Fac PE RVU:** 1.05

RUC Recommendation: 2.29

Referred to CPT October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Est Medicare Utilization:** 478

2007 Work RVU: **2017 Work RVU:** 2.29
2007 NF PE RVU: **2017 NF PE RVU:** 4.61
2007 Fac PE RVU **2017 Fac PE RVU:** 1.08

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 Est Medicare Utilization:** 25,506

2007 Work RVU: **2017 Work RVU:** 2.25
2007 NF PE RVU: **2017 NF PE RVU:** 4.36
2007 Fac PE RVU **2017 Fac PE RVU:** 1.03

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Est Medicare Utilization:** 7,376

2007 Work RVU: **2017 Work RVU:** 2.35
2007 NF PE RVU: **2017 NF PE RVU:** 4.85
2007 Fac PE RVU **2017 Fac PE RVU:** 1.08

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Est Medicare Utilization:** 228,925

2007 Work RVU: 1.91 **2017 Work RVU:**
2007 NF PE RVU: 4.35 **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 842,514

2007 Work RVU: 1.54 **2017 Work RVU:**
2007 NF PE RVU: 4.35 **2017 NF PE RVU:**
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 30,063

2007 Work RVU: 2.04 **2017 Work RVU:**
2007 NF PE RVU: 5.09 **2017 NF PE RVU:**
2007 Fac PE RVU 0.61 **2017 Fac PE RVU:**

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

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** 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 Est Medicare Utilization:** 12,771

2007 Work RVU: 1.87 **2017 Work RVU:**
2007 NF PE RVU: 4.45 **2017 NF PE RVU:**
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 2.73
2007 Fac PE RVU **2017 Fac PE RVU:** 0.92

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.95
2007 NF PE RVU: **2017 NF PE RVU:** 4.87
2007 Fac PE RVU **2017 Fac PE RVU:** 0.98

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.55
2007 NF PE RVU: **2017 NF PE RVU:** 2.70
2007 Fac PE RVU **2017 Fac PE RVU:** 0.80

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 4.93
2007 Fac PE RVU **2017 Fac PE RVU:** 0.89

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.89
2007 NF PE RVU: **2017 NF PE RVU:** 2.02
2007 Fac PE RVU **2017 Fac PE RVU:** 0.55

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.20
2007 NF PE RVU: **2017 NF PE RVU:** 3.78
2007 Fac PE RVU **2017 Fac PE RVU:** 0.60

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.78
2007 NF PE RVU: **2017 NF PE RVU:** 2.37
2007 Fac PE RVU **2017 Fac PE RVU:** 0.64

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** 4.25
2007 Fac PE RVU **2017 Fac PE RVU:** 0.67

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 Est Medicare Utilization:** 5,523

2007 Work RVU: 8.04 **2017 Work RVU:** 6.05
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4 **2017 Fac PE RVU:** 4.34

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 Est Medicare Utilization:** 1,237

2007 Work RVU: 6.60 **2017 Work RVU:** 3.55
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2017 Fac PE RVU:** 3.43

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 Est Medicare Utilization:** 341

2007 Work RVU: 3.68 **2017 Work RVU:** 4.33
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2017 Fac PE RVU:** 3.67

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 Est Medicare Utilization:** 37

2007 Work RVU: 6.59 **2017 Work RVU:** 5.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2017 Fac PE RVU:**5.29

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 Est Medicare Utilization:** 7,645

2007 Work RVU: 8.58 **2017 Work RVU:** 5.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2017 Fac PE RVU:**4.31

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 Est Medicare Utilization:** 1,285

2007 Work RVU: 6.57 **2017 Work RVU:** 3.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2017 Fac PE RVU:**3.73

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?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2016 Est Medicare Utilization:** 9,219

2007 Work RVU: 0.48 **2017 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU 0.1 **2017 Fac PE RVU:**0.20

RUC Recommendation: 0.48 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2016 Est Medicare Utilization:** 45,087

2007 Work RVU: 0.75 **2017 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.86
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:**0.27

RUC Recommendation: 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?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2016 Est Medicare Utilization:** 37,913

2007 Work RVU: **2017 Work RVU:** 0.67
2007 NF PE RVU: **2017 NF PE RVU:** 2.62
2007 Fac PE RVU **2017 Fac PE RVU:**0.28

RUC Recommendation: 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2016 Est Medicare Utilization:** 96,003

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 2.57
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: 1.10 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 35,579

2007 Work RVU: 13.03 **2017 Work RVU:** 13.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2017 Fac PE RVU:** 10.95

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 Est Medicare Utilization:** 15,094

2007 Work RVU: 18.61 **2017 Work RVU:** 18.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2017 Fac PE RVU:** 13.56

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 Est Medicare Utilization:** 9,851

RUC Recommendation: 17.95

Referred to CPT

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

2007 Work RVU: 17.82 **2017 Work RVU:** 17.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2017 Fac PE RVU:**13.41
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 Est Medicare Utilization:** 3,513

RUC Recommendation: 17.25

Referred to CPT

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

2007 Work RVU: 17.12 **2017 Work RVU:** 17.25
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2017 Fac PE RVU:**12.93
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 Est Medicare Utilization:** 109,289

RUC Recommendation: 15.37

Referred to CPT

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

2007 Work RVU: 15.22 **2017 Work RVU:** 15.37
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2017 Fac PE RVU:**11.99
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 Est Medicare Utilization:** 141,286

2007 Work RVU: 3.47 **2017 Work RVU:** 3.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2017 Fac PE RVU:** 1.67

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 Est Medicare Utilization:** 7,856

2007 Work RVU: 21.73 **2017 Work RVU:** 21.86
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2017 Fac PE RVU:** 14.63

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 Est Medicare Utilization:** 818

2007 Work RVU: 19.47 **2017 Work RVU:** 19.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2017 Fac PE RVU:** 13.72

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 Est Medicare Utilization:** 512

2007 Work RVU: 4.04 **2017 Work RVU:** 4.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:** 1.94

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 Est Medicare Utilization:** 1,033

2007 Work RVU: 30.78 **2017 Work RVU:** 30.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **2017 Fac PE RVU:** 18.46

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 Est Medicare Utilization:** 429

2007 Work RVU: **2017 Work RVU:** 15.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.00

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 Est Medicare Utilization:** 89

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.88

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

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Est Medicare Utilization:** 64,579

2007 Work RVU: 7.57 **2017 Work RVU:** 7.15
2007 NF PE RVU: NA **2017 NF PE RVU:** 29.41
2007 Fac PE RVU 3.11 **2017 Fac PE RVU:** 3.99

RUC Recommendation: 7.20. New PE Inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 6,358

2007 Work RVU: 11.43 **2017 Work RVU:** 10.92
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2017 Fac PE RVU:** 9.54

RUC Recommendation: 11.43 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 6.87 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.54 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Est Medicare Utilization:** 3,257

2007 Work RVU: **2017 Work RVU:** 5.08
2007 NF PE RVU: **2017 NF PE RVU:** 10.69
2007 Fac PE RVU **2017 Fac PE RVU:** 3.42

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 Est Medicare Utilization:** 2,047

2007 Work RVU: **2017 Work RVU:** 11.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 9.66

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 Est Medicare Utilization:** 1,181

2007 Work RVU: **2017 Work RVU:** 7.75
2007 NF PE RVU: **2017 NF PE RVU:** 13.61
2007 Fac PE RVU **2017 Fac PE RVU:** 4.23

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 Est Medicare Utilization:** 604

2007 Work RVU: **2017 Work RVU:** 11.52
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 9.79

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 Est Medicare Utilization:** 20,067

2007 Work RVU: 7.87 **2017 Work RVU:** 5.19
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2017 Fac PE RVU:** 4.23

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 Est Medicare Utilization:** 7,069

2007 Work RVU: 6.10 **2017 Work RVU:** 5.30
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2017 Fac PE RVU:** 4.26

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 Est Medicare Utilization:** 123,025

2007 Work RVU: 1.32 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.39 **2017 NF PE RVU:** 1.73
2007 Fac PE RVU 0.47 **2017 Fac PE RVU:** 0.68

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 Est Medicare Utilization:**

2007 Work RVU: 1.18 **2017 Work RVU:**
2007 NF PE RVU: 2.5 **2017 NF PE RVU:**
2007 Fac PE RVU 0.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection, anesthetic agent; brachial plexus, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Est Medicare Utilization:** 166,629

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2017 NF PE RVU:** 1.72
2007 Fac PE RVU 0.43 **2017 Fac PE RVU:**0.26

RUC Recommendation: 1.48, Review in October 2017 **Referred to CPT** **Result:**
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 Est Medicare Utilization:** 19,701

2007 Work RVU: 3.85 **2017 Work RVU:** 1.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2017 Fac PE RVU:**0.31

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 Est Medicare Utilization:** 32,674

2007 Work RVU: 1.32 **2017 Work RVU:** 1.32
2007 NF PE RVU: 2.43 **2017 NF PE RVU:** 2.66
2007 Fac PE RVU 0.46 **2017 Fac PE RVU:**0.73

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Est Medicare Utilization:** 114,355

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2017 NF PE RVU:** 2.21
2007 Fac PE RVU 0.51 **2017 Fac PE RVU:**0.44

RUC Recommendation: 1.48, Review in October 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,421

2007 Work RVU: 3.61 **2017 Work RVU:** 1.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.9 **2017 Fac PE RVU:**0.31

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?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2016 Est Medicare Utilization:** 187,564

2007 Work RVU: 1.50 **2017 Work RVU:** 1.50
2007 NF PE RVU: NA **2017 NF PE RVU:** 1.76
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.28

RUC Recommendation: 1.50, Review in October 2017

Referred to CPT **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

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

First Identified: February 2008 **2016 Est Medicare Utilization:** 40,765

2007 Work RVU: 3.36 **2017 Work RVU:** 1.63
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2017 Fac PE RVU:**0.28

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 Est Medicare Utilization:** 2,798

2007 Work RVU: 3.24 **2017 Work RVU:** 1.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:**0.42

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 Est Medicare Utilization:** 535,723

2007 Work RVU: 1.27 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.45
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.48

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 Est Medicare Utilization:** 70,419

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 0.55
2007 Fac PE RVU **2017 Fac PE RVU:**0.19

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 Est Medicare Utilization:** 2,469

2007 Work RVU: **2017 Work RVU:** 1.75
2007 NF PE RVU: **2017 NF PE RVU:** 2.29
2007 Fac PE RVU **2017 Fac PE RVU:** 0.58

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 Est Medicare Utilization:** 1,041

2007 Work RVU: **2017 Work RVU:** 1.10
2007 NF PE RVU: **2017 NF PE RVU:** 1.18
2007 Fac PE RVU **2017 Fac PE RVU:** 0.36

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 Est Medicare Utilization:** 917

2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** 2.63
2007 Fac PE RVU **2017 Fac PE RVU:** 0.48

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 Est Medicare Utilization:**

2007 Work RVU: 1.85 **2017 Work RVU:**
2007 NF PE RVU: 6.37 **2017 NF PE RVU:**
2007 Fac PE RVU 0.71 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 1.29 **2017 Work RVU:**
2007 NF PE RVU: 2.05 **2017 NF PE RVU:**
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 1.41 **2017 Work RVU:**
2007 NF PE RVU: 6.07 **2017 NF PE RVU:**
2007 Fac PE RVU 0.62 **2017 Fac PE RVU:**

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

64476 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.98 **2017 Work RVU:**
2007 NF PE RVU: 1.86 **2017 NF PE RVU:**
2007 Fac PE RVU 0.24 **2017 Fac PE RVU:**

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

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 46,488

2007 Work RVU: 2.20 **2017 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 4.16
2007 Fac PE RVU 0.87 **2017 Fac PE RVU:**1.30

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 Est Medicare Utilization:** 23,439

2007 Work RVU: 1.54 **2017 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2017 NF PE RVU:** 1.87
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:**0.50

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 Est Medicare Utilization:** 1,055,898

2007 Work RVU: 1.90 **2017 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2017 NF PE RVU:** 4.12
2007 Fac PE RVU 0.81 **2017 Fac PE RVU:**1.16

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 Est Medicare Utilization:** 480,712

2007 Work RVU: 1.33 **2017 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2017 NF PE RVU:** 1.40
2007 Fac PE RVU 0.36 **2017 Fac PE RVU:**0.41

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 Est Medicare Utilization:** 243,923

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 3.37
2007 Fac PE RVU **2017 Fac PE RVU:** 1.07

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 Est Medicare Utilization:** 220,567

2007 Work RVU: **2017 Work RVU:** 1.16
2007 NF PE RVU: **2017 NF PE RVU:** 1.39
2007 Fac PE RVU **2017 Fac PE RVU:** 0.47

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 Est Medicare Utilization:** 153,290

2007 Work RVU: **2017 Work RVU:** 1.16
2007 NF PE RVU: **2017 NF PE RVU:** 1.40
2007 Fac PE RVU **2017 Fac PE RVU:** 0.49

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 Est Medicare Utilization:** 844,909

2007 Work RVU: **2017 Work RVU:** 1.52
2007 NF PE RVU: **2017 NF PE RVU:** 3.20
2007 Fac PE RVU **2017 Fac PE RVU:** 0.95

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 Est Medicare Utilization:** 755,862

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.35
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

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 Est Medicare Utilization:** 454,574

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.36
2007 Fac PE RVU **2017 Fac PE RVU:** 0.42

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 Est Medicare Utilization:** 7,328

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.78

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 Est Medicare Utilization:** 25,340

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2017 NF PE RVU:** 3.78
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.85

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator** **Global:** 000 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2016 Est Medicare Utilization:** 9,786

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.26 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**0.06

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2016 Est Medicare Utilization:** 7

2007 Work RVU: 2.33 **2017 Work RVU:** 2.36
2007 NF PE RVU: 2.75 **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 1.73 **2017 Fac PE RVU:**1.78

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 Est Medicare Utilization:** 8,515

2007 Work RVU: 2.29 **2017 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2017 NF PE RVU:** 3.43
2007 Fac PE RVU 1.23 **2017 Fac PE RVU:**1.82

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 Est Medicare Utilization:** 15,404

2007 Work RVU: 7.07 **2017 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2017 NF PE RVU:** 17.36
2007 Fac PE RVU 3.05 **2017 Fac PE RVU:**2.68

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 Est Medicare Utilization:** 1,320

2007 Work RVU: 1.78 **2017 Work RVU:** 1.81
2007 NF PE RVU: 3.08 **2017 NF PE RVU:** 3.45
2007 Fac PE RVU 1.27 **2017 Fac PE RVU:**1.80

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 Est Medicare Utilization:** 168,471

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** 2.95
2007 Fac PE RVU **2017 Fac PE RVU:** 0.21

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2016 Est Medicare Utilization:** 587

2007 Work RVU: **2017 Work RVU:** 9.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 7.06

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 8.15 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.31 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 11,029

2007 Work RVU: 14.15 **2017 Work RVU:** 12.20
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2017 Fac PE RVU:** 5.51

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Est Medicare Utilization:** 12,006

2007 Work RVU: 2.42 **2017 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2017 NF PE RVU:** 4.80
2007 Fac PE RVU 2.33 **2017 Fac PE RVU:** 1.87

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

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.02 **2017 Work RVU:**
2007 NF PE RVU: 6.82 **2017 NF PE RVU:**
2007 Fac PE RVU 1.34 **2017 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2017 Work RVU:**
2007 NF PE RVU: 2.62 **2017 NF PE RVU:**
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.82 **2017 Work RVU:**
2007 NF PE RVU: 6.99 **2017 NF PE RVU:**
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.16 **2017 Work RVU:**
2007 NF PE RVU: 3.98 **2017 NF PE RVU:**
2007 Fac PE RVU 0.26 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Est Medicare Utilization:** 66,373

2007 Work RVU: **2017 Work RVU:** 3.84
2007 NF PE RVU: **2017 NF PE RVU:** 7.72
2007 Fac PE RVU **2017 Fac PE RVU:**2.32

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 Est Medicare Utilization:** 108,368

2007 Work RVU: **2017 Work RVU:** 1.32
2007 NF PE RVU: **2017 NF PE RVU:** 3.89
2007 Fac PE RVU **2017 Fac PE RVU:** 0.53

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 Est Medicare Utilization:** 283,089

2007 Work RVU: **2017 Work RVU:** 3.78
2007 NF PE RVU: **2017 NF PE RVU:** 7.66
2007 Fac PE RVU **2017 Fac PE RVU:** 2.30

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 Est Medicare Utilization:** 442,194

2007 Work RVU: **2017 Work RVU:** 1.16
2007 NF PE RVU: **2017 NF PE RVU:** 3.59
2007 Fac PE RVU **2017 Fac PE RVU:** 0.46

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 Est Medicare Utilization:** 114,532

2007 Work RVU: 2.78 **2017 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2017 NF PE RVU:** 2.42
2007 Fac PE RVU 1.75 **2017 Fac PE RVU:** 1.33

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 Est Medicare Utilization:** 3,931

2007 Work RVU: 6.22 **2017 Work RVU:** 6.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2017 Fac PE RVU:** 6.75

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 Est Medicare Utilization:** 649

2007 Work RVU: 7.98 **2017 Work RVU:** 8.07
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2017 Fac PE RVU:** 7.04

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 Est Medicare Utilization:** 925

2007 Work RVU: 10.23 **2017 Work RVU:** 9.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7 **2017 Fac PE RVU:** 8.93

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 Est Medicare Utilization: 916

2007 Work RVU: 9.70 **2017 Work RVU:** 9.93

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 10.13 **2017 Fac PE RVU:** 13.37

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 Est Medicare Utilization: 27,980

2007 Work RVU: 0.71 **2017 Work RVU:** 0.71

2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.84

2007 Fac PE RVU 0.3 **2017 Fac PE RVU:** 0.50

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 Est Medicare Utilization: 24,205

2007 Work RVU: 0.84 **2017 Work RVU:** 0.84

2007 NF PE RVU: 0.79 **2017 NF PE RVU:** 1.05

2007 Fac PE RVU 0.39 **2017 Fac PE RVU:** 0.62

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 Est Medicare Utilization:** 28,235

2007 Work RVU: 0.93 **2017 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2017 NF PE RVU:** 1.00
2007 Fac PE RVU 0.4 **2017 Fac PE RVU:**0.59

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 Est Medicare Utilization:** 818

2007 Work RVU: 14.43 **2017 Work RVU:** 15.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2017 Fac PE RVU:**14.96

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 Est Medicare Utilization:** 2,097

2007 Work RVU: 10.43 **2017 Work RVU:** 7.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2017 Fac PE RVU:**10.51

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 Est Medicare Utilization:** 28,165

2007 Work RVU: 1.91 **2017 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2017 NF PE RVU:** 1.73
2007 Fac PE RVU 1.16 **2017 Fac PE RVU:** 0.96

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 Est Medicare Utilization:**

2007 Work RVU: 1.91 **2017 Work RVU:**
2007 NF PE RVU: 2.07 **2017 NF PE RVU:**
2007 Fac PE RVU 1.16 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 158,609

2007 Work RVU: 3.90 **2017 Work RVU:** 3.00
2007 NF PE RVU: 4.14 **2017 NF PE RVU:** 3.70
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:** 2.68

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 Est Medicare Utilization:** 10,882

2007 Work RVU: 14.57 **2017 Work RVU:** 13.94
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2017 Fac PE RVU:** 16.06

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 Est Medicare Utilization:** 4,913

2007 Work RVU: 18.26 **2017 Work RVU:** 14.84
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.21 **2017 Fac PE RVU:** 17.83

RUC Recommendation: 14.81 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 920

2007 Work RVU: **2017 Work RVU:** 14.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.53

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 12,282

2007 Work RVU: 16.02 **2017 Work RVU:** 15.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2017 Fac PE RVU:** 16.15

RUC Recommendation: 15.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 4,200

RUC Recommendation: 13.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 13.20
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.03
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 Est Medicare Utilization:** 446

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2017 Work RVU:** 9.58
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.97
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 Est Medicare Utilization:** 1,857

RUC Recommendation: 10.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.35 **2017 Work RVU:** 10.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **2017 Fac PE RVU:** 12.58
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 80,128

2007 Work RVU: 4.87 **2017 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2017 NF PE RVU:** 5.15
2007 Fac PE RVU 4.32 **2017 Fac PE RVU:** 3.47

RUC Recommendation: 3.00 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)** **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2016 Est Medicare Utilization:** 675,314

2007 Work RVU: 3.32 **2017 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2017 NF PE RVU:** 5.66
2007 Fac PE RVU 3.6 **2017 Fac PE RVU:** 5.14

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

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage** **Global:** 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Est Medicare Utilization:** 169,171

2007 Work RVU: 14.83 **2017 Work RVU:** 11.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2017 Fac PE RVU:** 10.67

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

Status Report: CMS Requests and Relativity Assessment Issues

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2016 Est Medicare Utilization: 1,721,903

2007 Work RVU: 10.36 **2017 Work RVU:** 8.52

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 7.24 **2017 Fac PE RVU:** 9.01

RUC Recommendation: 8.52

Referred to CPT

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

Result: Decrease

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 Est Medicare Utilization: 3,272,800

2007 Work RVU: 2.52 **2017 Work RVU:** 1.44

2007 NF PE RVU: 2.59 **2017 NF PE RVU:** 1.34

2007 Fac PE RVU 1.42 **2017 Fac PE RVU:** 1.30

RUC Recommendation: Review utilization at RAW Oct 2018. 1.44

Referred to CPT

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

Result: Decrease

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2016 Est Medicare Utilization: 15,651

2007 Work RVU: 13.09 **2017 Work RVU:** 12.13

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 8.96 **2017 Fac PE RVU:** 12.54

RUC Recommendation: 12.13

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67038 **Deleted from CPT**

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

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

First Identified: September 2007 **2016 Est Medicare Utilization:**

2007 Work RVU: 23.30 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 15.16 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 2,752

2007 Work RVU: 16.39 **2017 Work RVU:** 13.20
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2017 Fac PE RVU:**13.21

RUC Recommendation: 13.20

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

Result: Decrease

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 Est Medicare Utilization:** 9,744

2007 Work RVU: 19.23 **2017 Work RVU:** 14.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2017 Fac PE RVU:**14.04

RUC Recommendation: 14.50

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Est Medicare Utilization:** 14,287

2007 Work RVU: **2017 Work RVU:** 16.33
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.15
Result: Decrease

RUC Recommendation: 16.33

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

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Est Medicare Utilization:** 26,857

2007 Work RVU: **2017 Work RVU:** 16.33
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.18
Result: Decrease

RUC Recommendation: 16.33

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

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Est Medicare Utilization:** 671

2007 Work RVU: **2017 Work RVU:** 17.40
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.86
Result: Decrease

RUC Recommendation: 17.40

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

Status Report: CMS Requests and Relativity Assessment Issues

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2016 Est Medicare Utilization:** 598

2007 Work RVU: 8.60 **2017 Work RVU:** 3.50
2007 NF PE RVU: 9.04 **2017 NF PE RVU:** 5.53
2007 Fac PE RVU 6.51 **2017 Fac PE RVU:** 4.32

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: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2016 Est Medicare Utilization:** 6,163

2007 Work RVU: 8.35 **2017 Work RVU:** 3.39
2007 NF PE RVU: 7.99 **2017 NF PE RVU:** 4.76
2007 Fac PE RVU 6.13 **2017 Fac PE RVU:** 4.16

RUC Recommendation: 3.84 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Est Medicare Utilization:** 747

2007 Work RVU: 16.35 **2017 Work RVU:** 16.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2017 Fac PE RVU:** 14.96

RUC Recommendation: 16.00. Reduce 99238 to 0.5 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 15,978

2007 Work RVU: 22.49 **2017 Work RVU:** 17.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2017 Fac PE RVU:** 15.69

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 Est Medicare Utilization:** 2,603

2007 Work RVU: 10.02 **2017 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2017 NF PE RVU:** 13.83
2007 Fac PE RVU 7.37 **2017 Fac PE RVU:** 12.05

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: 18.45 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 11.71 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 12,663

2007 Work RVU: **2017 Work RVU:** 19.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 17.63

RUC Recommendation: 19.00 **Referred to CPT** October 2014 **Result:** Decrease

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

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Est Medicare Utilization:** 68,487

2007 Work RVU: 9.35 **2017 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2017 NF PE RVU:** 7.86
2007 Fac PE RVU 5.84 **2017 Fac PE RVU:** 7.37

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

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

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Est Medicare Utilization:** 4,728

2007 Work RVU: 14.19 **2017 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2017 NF PE RVU:** 8.30
2007 Fac PE RVU 8.9 **2017 Fac PE RVU:** 7.37

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 233

2007 Work RVU: 0.47 **2017 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2017 NF PE RVU:** 0.34
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**0.30

RUC Recommendation: 0.47

Referred to CPT

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

Result: Maintain

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2016 Est Medicare Utilization: 78,706

2007 Work RVU: 13.67 **2017 Work RVU:** 4.39
2007 NF PE RVU: 11.2 **2017 NF PE RVU:** 4.94
2007 Fac PE RVU 8.43 **2017 Fac PE RVU:**4.01

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

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 Est Medicare Utilization: 1,326

2007 Work RVU: 9.97 **2017 Work RVU:** 8.38
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.61 **2017 Fac PE RVU:**10.38

RUC Recommendation: 10.17

Referred to CPT October 2013

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

Result: Maintain

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?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: July 2016
2016 Est Medicare Utilization: 25,936

2007 Work RVU: 1.40 **2017 Work RVU:** 1.40
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 1.25
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:** 1.04

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

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 Est Medicare Utilization: 246,609

2007 Work RVU: 0.71 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:** 0.76

RUC Recommendation: 0.32
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013
Tab 24
Specialty Developing Recommendation: AAO
First Identified: October 2012
2016 Est Medicare Utilization: 1,776

2007 Work RVU: 3.70 **2017 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2017 NF PE RVU:** 9.21
2007 Fac PE RVU 2.99 **2017 Fac PE RVU:** 5.24

RUC Recommendation: 3.75
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2016 Est Medicare Utilization: 370

2007 Work RVU: 3.21 **2017 Work RVU:** 2.03

2007 NF PE RVU: 5.62 **2017 NF PE RVU:** 6.06

2007 Fac PE RVU 2.75 **2017 Fac PE RVU:** 3.42

RUC Recommendation: 2.03

Referred to CPT

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

Result: Decrease

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2016 Est Medicare Utilization: 2,080

2007 Work RVU: 5.37 **2017 Work RVU:** 5.48

2007 NF PE RVU: 7.68 **2017 NF PE RVU:** 10.81

2007 Fac PE RVU 4.65 **2017 Fac PE RVU:** 6.32

RUC Recommendation: 5.48

Referred to CPT

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

Result: Maintain

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2016 Est Medicare Utilization: 26,250

2007 Work RVU: 6.08 **2017 Work RVU:** 5.93

2007 NF PE RVU: 8.08 **2017 NF PE RVU:** 10.64

2007 Fac PE RVU 4.95 **2017 Fac PE RVU:** 6.61

RUC Recommendation: 5.93

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2016 Est Medicare Utilization:** 3,969

RUC Recommendation: 3.47

Referred to CPT

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

2007 Work RVU: 3.42 **2017 Work RVU:** 3.47

2007 NF PE RVU: 5.83 **2017 NF PE RVU:** 9.25

2007 Fac PE RVU 2.84 **2017 Fac PE RVU:**5.07

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 Est Medicare Utilization:** 111

RUC Recommendation: 2.03

Referred to CPT

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

2007 Work RVU: 3.09 **2017 Work RVU:** 2.03

2007 NF PE RVU: 5.55 **2017 NF PE RVU:** 5.99

2007 Fac PE RVU 2.7 **2017 Fac PE RVU:**3.42

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 Est Medicare Utilization:** 1,693

RUC Recommendation: 5.48

Referred to CPT

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

2007 Work RVU: 5.94 **2017 Work RVU:** 5.48

2007 NF PE RVU: 7.76 **2017 NF PE RVU:** 10.81

2007 Fac PE RVU 4.86 **2017 Fac PE RVU:**6.33

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 Est Medicare Utilization:** 11,769

2007 Work RVU: 5.84 **2017 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2017 NF PE RVU:** 11.42
2007 Fac PE RVU 4.57 **2017 Fac PE RVU:**6.62

RUC Recommendation: 5.93

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

Result: Maintain

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2016 Est Medicare Utilization:** 5,078

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.85
2007 Fac PE RVU 0.42 **2017 Fac PE RVU:**0.53

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68200 **Subconjunctival injection**

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

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

First Identified: April 2011 **2016 Est Medicare Utilization:** 10,052

2007 Work RVU: 0.49 **2017 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.46

RUC Recommendation: 0.49

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2016 Est Medicare Utilization:** 39,586

2007 Work RVU: 0.96 **2017 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2017 NF PE RVU:** 1.63
2007 Fac PE RVU 1.48 **2017 Fac PE RVU:** 1.37

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 Est Medicare Utilization:** 30,292

2007 Work RVU: 2.63 **2017 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2017 NF PE RVU:** 2.80
2007 Fac PE RVU 2.7 **2017 Fac PE RVU:** 1.97

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 Est Medicare Utilization:** 522

2007 Work RVU: 2.39 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:** 1.99

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 Est Medicare Utilization:** 8,191

2007 Work RVU: 3.24 **2017 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2017 NF PE RVU:** 8.30
2007 Fac PE RVU 2.74 **2017 Fac PE RVU:**3.38

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 Est Medicare Utilization:** 287

2007 Work RVU: **2017 Work RVU:** 2.10
2007 NF PE RVU: **2017 NF PE RVU:** 15.94
2007 Fac PE RVU **2017 Fac PE RVU:**2.37

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 Est Medicare Utilization:** 149,593

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 1.94
2007 Fac PE RVU 0.4 **2017 Fac PE RVU:**0.49

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 49,306

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2017 NF PE RVU:** 1.48
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**0.49

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,601,181

2007 Work RVU: 0.61 **2017 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.26

RUC Recommendation: 0.58.

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

Result: Decrease

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.83 **2017 Work RVU:**
2007 NF PE RVU: 2.27 **2017 NF PE RVU:**
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.63 **2017 Work RVU:**
2007 NF PE RVU: 1.3 **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: 2.65 **2017 Work RVU:**
2007 NF PE RVU: 3.48 **2017 NF PE RVU:**
2007 Fac PE RVU 2.19 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

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

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 48,814

2007 Work RVU: 1.54 **2017 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2017 NF PE RVU:** 3.94
2007 Fac PE RVU 1.6 **2017 Fac PE RVU:**1.98

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 Est Medicare Utilization:** 20,549

2007 Work RVU: 8.61 **2017 Work RVU:** 2.06
2007 NF PE RVU: NA **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 9.31 **2017 Fac PE RVU:**1.26

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 Est Medicare Utilization:**

2007 Work RVU: 13.39 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 11.91 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007

2016 Est Medicare Utilization: 3,590

2007 Work RVU: 17.60 **2017 Work RVU:** 17.73

2007 NF PE RVU: NA **2017 NF PE RVU:** NA

2007 Fac PE RVU 14.06 **2017 Fac PE RVU:** 14.78

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 Est Medicare Utilization: 19,526

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18

2007 NF PE RVU: 0.59 **2017 NF PE RVU:** 0.73

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

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

70310 **Radiologic examination, teeth; partial examination, less than full mouth**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013

2016 Est Medicare Utilization: 2,595

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16

2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.84

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2016 Est Medicare Utilization:** 5,062

2007 Work RVU: 0.84 **2017 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2017 NF PE RVU:** 1.65
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.44 **2017 Work RVU:**
2007 NF PE RVU: 1.83 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 5,756,692

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2017 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2016 Est Medicare Utilization:** 34,823

2007 Work RVU: 1.13 **2017 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2017 NF PE RVU:** 3.38
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.13

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

Result: Maintain

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2016 Est Medicare Utilization:** 118,509

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 4.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

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

Result: Maintain

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2016 Est Medicare Utilization:** 471,122

2007 Work RVU: 1.14 **2017 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2017 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

70487 **Computed tomography, maxillofacial area; with contrast material(s)** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2016 Est Medicare Utilization:** 25,278

2007 Work RVU: 1.30 **2017 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2016 Est Medicare Utilization:** 3,826

2007 Work RVU: 1.42 **2017 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2017 NF PE RVU:** 4.42
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 71,164

2007 Work RVU: 1.28 **2017 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2017 NF PE RVU:** 4.09
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 254,817

2007 Work RVU: 1.38 **2017 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2017 NF PE RVU:** 5.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 24,908

2007 Work RVU: 1.45 **2017 Work RVU:** 1.45
2007 NF PE RVU: 8.04 **2017 NF PE RVU:** 6.30
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2016 Est Medicare Utilization:** 261,749

2007 Work RVU: 1.75 **2017 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2017 NF PE RVU:** 6.41
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 284,204

2007 Work RVU: 1.75 **2017 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2017 NF PE RVU:** 6.39
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 11,840

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2017 NF PE RVU:** 7.09
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 1,268

2007 Work RVU: 1.62 **2017 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2017 NF PE RVU:** 7.85
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 56,592

2007 Work RVU: 2.15 **2017 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2017 NF PE RVU:** 9.47
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 278,384

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2017 NF PE RVU:** 9.78
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

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

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 3,660

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2017 NF PE RVU:** 9.67
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 17,518

2007 Work RVU: 1.80 **2017 Work RVU:** 1.80
2007 NF PE RVU: 22.97 **2017 NF PE RVU:** 14.97
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 82,444

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2017 NF PE RVU:** 9.83
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 23,814

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.65 **2017 NF PE RVU:** 10.37
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 72,818

2007 Work RVU: 1.80 **2017 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2017 NF PE RVU:** 15.07
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

Status Report: CMS Requests and Relativity Assessment Issues

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2016 Est Medicare Utilization:** 1,097,031

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2017 NF PE RVU:** 4.95
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.48

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

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2016 Est Medicare Utilization:** 25,229

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2017 NF PE RVU:** 7.14
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.78

Referred to CPT
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 Est Medicare Utilization:** 993,084

2007 Work RVU: 2.36 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2017 NF PE RVU:** 8.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 2.36

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

Status Report: CMS Requests and Relativity Assessment Issues

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Est Medicare Utilization:** 17,269,035

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

71015 **Radiologic examination, chest; stereo, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Est Medicare Utilization:** 495

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 11,866,284

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 6,068

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.79 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 13,483

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 0.84 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 3,364

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 1.06 **2017 NF PE RVU:** 1.38
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 9,137

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 0.88 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

Status Report: CMS Requests and Relativity Assessment Issues

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 482

2007 Work RVU: 0.46 **2017 Work RVU:** 0.46
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 85,929

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.62 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation** **Global:** XXX **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

710X1

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

710X2

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

710X3

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

710X4

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.31 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray 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 Est Medicare Utilization:** 212,573

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 291,223

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 27,998

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.84 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2016 Est Medicare Utilization: 29,430

2007 Work RVU: 0.32 **2017 Work RVU:** 0.32

2007 NF PE RVU: 1 **2017 NF PE RVU:** 1.01

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.32

Referred to CPT

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

Result: Maintain

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Chest **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2016 Est Medicare Utilization: 2,013,543

2007 Work RVU: 1.16 **2017 Work RVU:** 1.02

2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.01

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.16

Referred to CPT

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

Result: Increase

71260 **Computed tomography, thorax; with contrast material(s)**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2016 Est Medicare Utilization: 1,762,216

2007 Work RVU: 1.24 **2017 Work RVU:** 1.24

2007 NF PE RVU: 7.5 **2017 NF PE RVU:** 5.16

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.38

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 85,050

2007 Work RVU: 1.38 **2017 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2017 NF PE RVU:** 6.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 1,024,224

2007 Work RVU: 1.92 **2017 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2017 NF PE RVU:** 6.54
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** 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 Est Medicare Utilization:** 172,700

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray 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 Est Medicare Utilization:** 648,531

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

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 Est Medicare Utilization:** 405,306

RUC Recommendation: 0.31 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 1 **2017 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 96,946

RUC Recommendation: 0.35 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.36 **2017 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.19
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 313,697

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72072 **Radiologic examination, spine; thoracic, 3 views**

Global: XXX **Issue:** 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 Est Medicare Utilization:** 203,636

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.78 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 15,309

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.96 **2017 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 44,171

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,935,065

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 886,217

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** 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 Est Medicare Utilization:** 99,042

RUC Recommendation: 0.31 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.36 **2017 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2017 NF PE RVU:** 1.40
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Decrease

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 Est Medicare Utilization:** 45,026

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2017 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

72125 **Computed tomography, cervical spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 1,103,586

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

2007 Work RVU: 1.16 **2017 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.08
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Est Medicare Utilization:** 19,764

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 5.15
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

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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 Est Medicare Utilization:** 2,474

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2017 NF PE RVU:** 6.27
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

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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 Est Medicare Utilization:** 156,320

2007 Work RVU: 1.16 **2017 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.03
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

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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 Est Medicare Utilization:** 17,568

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 5.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

---

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,481

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2017 NF PE RVU:** 6.30
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

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72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2016 Est Medicare Utilization:** 455,674

2007 Work RVU: 1.16 **2017 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.01
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

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72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Est Medicare Utilization:** 57,916

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

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72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Est Medicare Utilization:** 5,034

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2017 NF PE RVU:** 6.26
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

---

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 576,560

2007 Work RVU: 1.60 **2017 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2017 NF PE RVU:** 4.76
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 4,228

2007 Work RVU: 1.92 **2017 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2017 NF PE RVU:** 7.28
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 196,280

2007 Work RVU: 1.60 **2017 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2017 NF PE RVU:** 4.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 3,635

2007 Work RVU: 1.92 **2017 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2017 NF PE RVU:** 7.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.78 **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

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 Est Medicare Utilization:** 1,329,271

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2017 NF PE RVU:** 4.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Est Medicare Utilization:** 6,934

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2017 NF PE RVU:** 7.17
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Est Medicare Utilization:** 102,457

2007 Work RVU: 2.57 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2017 NF PE RVU:** 8.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2016 Est Medicare Utilization:** 80,944

2007 Work RVU: 2.57 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2017 NF PE RVU:** 8.31
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 259,356

2007 Work RVU: 2.36 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2017 NF PE RVU:** 8.25
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 2.29

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

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2016 Est Medicare Utilization:** 853,423

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 12

Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

2016 Est Medicare Utilization: 2,435

RUC Recommendation: 1.81

Referred to CPT October 2010

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

2007 Work RVU: 1.81 **2017 Work RVU:** 1.81

2007 NF PE RVU: 12.15 **2017 NF PE RVU:** 6.70

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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 Est Medicare Utilization: 161,686

RUC Recommendation: 1.09

Referred to CPT October 2009

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

2007 Work RVU: 1.09 **2017 Work RVU:** 1.09

2007 NF PE RVU: 6.12 **2017 NF PE RVU:** 2.97

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

Result: Maintain

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 Est Medicare Utilization: 34,099

RUC Recommendation: 1.16

Referred to CPT October 2009

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

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16

2007 NF PE RVU: 7.2 **2017 NF PE RVU:** 5.14

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Est Medicare Utilization:** 5,859

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2017 NF PE RVU:** 6.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT October 2009
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 Est Medicare Utilization:** 77,930

2007 Work RVU: 1.46 **2017 Work RVU:** 1.46
2007 NF PE RVU: 12.19 **2017 NF PE RVU:** 9.03
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.46

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

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 Est Medicare Utilization:** 2,699

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2017 NF PE RVU:** 9.74
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.73

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

Status Report: CMS Requests and Relativity Assessment Issues

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 134,470

2007 Work RVU: 2.26 **2017 Work RVU:** 2.26
2007 NF PE RVU: 23.71 **2017 NF PE RVU:** 11.86
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 16,307

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

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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 Est Medicare Utilization:** 33,247

2007 Work RVU: 0.19 **2017 Work RVU:** 0.19
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 121,154

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **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

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 Est Medicare Utilization:** 1,193

2007 Work RVU: 0.91 **2017 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2017 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2016 Est Medicare Utilization:** 168

2007 Work RVU: 0.91 **2017 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2017 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Est Medicare Utilization:** 5,206

2007 Work RVU: 0.83 **2017 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2017 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Est Medicare Utilization:** 1,081

2007 Work RVU: 1.33 **2017 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2017 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2016 Est Medicare Utilization:** 79,387

2007 Work RVU: 0.76 **2017 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2017 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2016 Est Medicare Utilization:** 2,606,715

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18

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

Result: Maintain

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 Est Medicare Utilization:** 352,206

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 234,305

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 378,412

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 236,182

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 321,667

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,026,252

RUC Recommendation: 0.17

Referred to CPT

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

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17

2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.81

2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 283,462

RUC Recommendation: 0.16

Referred to CPT

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

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16

2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.56

2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,162,206

RUC Recommendation: 0.17

Referred to CPT

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

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17

2007 NF PE RVU: 0.6 **2017 NF PE RVU:** 0.68

2007 Fac PE RVU NA **2017 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 Est Medicare Utilization: 376,705

2007 Work RVU: 0.13 **2017 Work RVU:** 0.13

2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.74

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.13

Referred to CPT

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

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2016 Est Medicare Utilization: 99,618

2007 Work RVU: 1.09 **2017 Work RVU:** 1.00

2007 NF PE RVU: 5.5 **2017 NF PE RVU:** 4.00

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.09

Referred to CPT

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

Result: Maintain

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2016 Est Medicare Utilization: 16,731

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16

2007 NF PE RVU: 6.58 **2017 NF PE RVU:** 5.04

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

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 Est Medicare Utilization: 2,030

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22

2007 NF PE RVU: 8.38 **2017 NF PE RVU:** 6.52

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,475

2007 Work RVU: 1.81 **2017 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2017 NF PE RVU:** 7.34
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 32,078

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2017 NF PE RVU:** 8.86
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 455,516

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2017 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.52 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:** 409,913

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 2,580,844

2007 Work RVU: **2017 Work RVU:** 0.22
2007 NF PE RVU: **2017 NF PE RVU:** 0.93
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 48,027

2007 Work RVU: **2017 Work RVU:** 0.27
2007 NF PE RVU: **2017 NF PE RVU:** 1.16
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.21 **2017 Work RVU:**
2007 NF PE RVU: 0.67 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.76 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 198,523

2007 Work RVU: **2017 Work RVU:** 0.22
2007 NF PE RVU: **2017 NF PE RVU:** 0.88
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Est Medicare Utilization:** 160,622

2007 Work RVU: **2017 Work RVU:** 0.29
2007 NF PE RVU: **2017 NF PE RVU:** 1.06
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 81,172

2007 Work RVU: **2017 Work RVU:** 0.31
2007 NF PE RVU: **2017 NF PE RVU:** 1.26
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: 0.20 **2017 Work RVU:**
2007 NF PE RVU: 0.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2017 Work RVU:**
2007 NF PE RVU: 1.98 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.61 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 47,056

2007 Work RVU: **2017 Work RVU:** 0.16
2007 NF PE RVU: **2017 NF PE RVU:** 0.61
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2016 Est Medicare Utilization:** 524,765

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.72
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,993,312

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.16

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

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 Est Medicare Utilization:** 2,379,435

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 1,465,059

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2017 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22

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

Result: Maintain

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 Est Medicare Utilization:** 291,283

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16

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

Result: Decrease

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 46,529

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2017 NF PE RVU:** 2.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan at RAW Oct 2015. CPT Assistant Article published June 2012.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Maintain

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 Est Medicare Utilization:** 503,258

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.16

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

Result: Decrease

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 Est Medicare Utilization:** 258,783

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.16

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

Result: Maintain

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 Est Medicare Utilization:** 1,276,070

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17

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

Result: Maintain

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 Est Medicare Utilization:** 691,798

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.16

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

Result: Maintain

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 Est Medicare Utilization:** 2,691,572

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2017 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 100,036

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 121,739

2007 Work RVU: 0.13 **2017 Work RVU:** 0.13
2007 NF PE RVU: 0.5 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 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?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 261,822

2007 Work RVU: 1.09 **2017 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2017 NF PE RVU:** 4.01
2007 Fac PE RVU NA **2017 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 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Est Medicare Utilization:** 36,584

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2017 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

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73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Est Medicare Utilization:** 4,849

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2017 NF PE RVU:** 6.43
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

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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 Est Medicare Utilization:** 13,992

2007 Work RVU: 1.90 **2017 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2017 NF PE RVU:** 8.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 Est Medicare Utilization:** 133,972

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2017 NF PE RVU:** 8.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.35 **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

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 Est Medicare Utilization:** 1,652

2007 Work RVU: 1.62 **2017 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2017 NF PE RVU:** 9.70
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 57,783

2007 Work RVU: 2.15 **2017 Work RVU:** 2.15
2007 NF PE RVU: 23.7 **2017 NF PE RVU:** 11.89
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Est Medicare Utilization:** 669,209

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2017 NF PE RVU:** 5.24
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 2,225,094

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2017 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Deleted from CPT

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

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 Est Medicare Utilization:** 35,818

2007 Work RVU: 0.23 **2017 Work RVU:** 0.23
2007 NF PE RVU: 0.68 **2017 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Deleted from CPT

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

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 Est Medicare Utilization:** 605,551

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 503,614

2007 Work RVU: 0.32 **2017 Work RVU:** 0.32
2007 NF PE RVU: 0.85 **2017 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.32 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

740X1

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

740X2

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

740X3

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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

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 Est Medicare Utilization:** 93,433

2007 Work RVU: 1.19 **2017 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2017 NF PE RVU:** 2.96
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 123,934

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2017 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.42

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2016 Est Medicare Utilization:** 107,597

2007 Work RVU: 1.40 **2017 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2017 NF PE RVU:** 5.92
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.40

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Est Medicare Utilization:** 205,626

2007 Work RVU: **2017 Work RVU:** 2.20
2007 NF PE RVU: **2017 NF PE RVU:** 8.63
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2016 Est Medicare Utilization:** 44,618

2007 Work RVU: 1.90 **2017 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2017 NF PE RVU:** 6.73
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.82 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,297,316

2007 Work RVU: **2017 Work RVU:** 1.74
2007 NF PE RVU: **2017 NF PE RVU:** 3.83
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,908,582

RUC Recommendation: 1.82

Referred to CPT October 2009

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

2007 Work RVU: **2017 Work RVU:** 1.82

2007 NF PE RVU: **2017 NF PE RVU:** 6.86

2007 Fac PE RVU **2017 Fac PE RVU:** NA

Result: Decrease

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 Est Medicare Utilization:** 553,245

RUC Recommendation: 2.01

Referred to CPT October 2009

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

2007 Work RVU: **2017 Work RVU:** 2.01

2007 NF PE RVU: **2017 NF PE RVU:** 7.84

2007 Fac PE RVU **2017 Fac PE RVU:** NA

Result: Decrease

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Est Medicare Utilization:** 115,071

RUC Recommendation: 1.46

Referred to CPT

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

2007 Work RVU: 1.46 **2017 Work RVU:** 1.46

2007 NF PE RVU: 11.71 **2017 NF PE RVU:** 7.83

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,950

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 14.63 **2017 NF PE RVU:** 10.98
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 275,995

2007 Work RVU: 2.26 **2017 Work RVU:** 2.26
2007 NF PE RVU: 23.72 **2017 NF PE RVU:** 11.89
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,998

2007 Work RVU: 0.36 **2017 Work RVU:** 0.36
2007 NF PE RVU: 1.4 **2017 NF PE RVU:** 1.80
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 202,466

2007 Work RVU: 0.46 **2017 Work RVU:** 0.46
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** 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 Est Medicare Utilization:** 359,277

2007 Work RVU: 0.53 **2017 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2017 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.53

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

Result: Maintain

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2016 Est Medicare Utilization:** 25,519

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2017 NF PE RVU:** 3.25
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.69

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

Result: Maintain

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2016 Est Medicare Utilization:** 14,206

2007 Work RVU: 0.99 **2017 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2017 NF PE RVU:** 4.96
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.99

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 3 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 2.19 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 10,625

2007 Work RVU: 0.49 **2017 Work RVU:** 0.49
2007 NF PE RVU: 2 **2017 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 165,127

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 4,931

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey October 2018 **Referred to CPT** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 3.69 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 3.69 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:** 51,392

2007 Work RVU: **2017 Work RVU:** 2.40
2007 NF PE RVU: **2017 NF PE RVU:** 9.34
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 100,574

2007 Work RVU: 2.40 **2017 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2017 NF PE RVU:** 8.21
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2017 Work RVU:**
2007 NF PE RVU: 10.66 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2017 Work RVU:**
2007 NF PE RVU: 11.08 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2017 Work RVU:**
2007 NF PE RVU: 10.96 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2016 Est Medicare Utilization:** 149,347

2007 Work RVU: 1.14 **2017 Work RVU:** 1.14
2007 NF PE RVU: 10.72 **2017 NF PE RVU:** 3.29
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 81,495

2007 Work RVU: 1.31 **2017 Work RVU:** 1.31
2007 NF PE RVU: 10.96 **2017 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 1.14 **2017 Work RVU:**
2007 NF PE RVU: 10.7 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2017 Work RVU:**
2007 NF PE RVU: 11.15 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 1.84 **2017 Work RVU:**
2007 NF PE RVU: 2.2 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 15,508

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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:**

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 Est Medicare Utilization:** 368

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2017 NF PE RVU:** 2.89
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 527

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2017 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 7,826

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** 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 Est Medicare Utilization:** 9,742

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review utilization data Oct 2018. Carrier Price.

Referred to CPT February 2014 February 2015 **Result:** Contractor Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Est Medicare Utilization:** 16,923

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

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

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

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Est Medicare Utilization:** 11,753

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

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

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

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Est Medicare Utilization:** 687

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

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

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

Status Report: CMS Requests and Relativity Assessment Issues

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.24 **2017 Work RVU:**
2007 NF PE RVU: 9.99 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2016 Est Medicare Utilization:** 51,169

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 12.8 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 1,196

2007 Work RVU: 0.36 **2017 Work RVU:**
2007 NF PE RVU: 6.96 **2017 NF PE RVU:**
2007 Fac PE RVU 6.96 **2017 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:**

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 Est Medicare Utilization:** 2,061

2007 Work RVU: 1.31 **2017 Work RVU:**
2007 NF PE RVU: 13.18 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:** 220

2007 Work RVU: 0.36 **2017 Work RVU:**
2007 NF PE RVU: 6.99 **2017 NF PE RVU:**
2007 Fac PE RVU 6.99 **2017 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

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 Est Medicare Utilization:** 287,468

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 12.72 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2016 Est Medicare Utilization:** 18,058

2007 Work RVU: 0.72 **2017 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

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

75996 **Revised to Category III**

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

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

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)**

Global: XXX **Issue:** 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 Est Medicare Utilization:** 121,808

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2017 NF PE RVU:** 1.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)**

Global: XXX **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2016 Est Medicare Utilization:** 5,674

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT for Deletion **Referred to CPT** September 2017 **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 Est Medicare Utilization:** 5,407

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2017 NF PE RVU:** 1.95
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 6

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2017 NF PE RVU:** 3.05
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2016 Est Medicare Utilization:** 1,520

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2017 NF PE RVU:** 4.23
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 209,231

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 2.95 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Submit action plan **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 Est Medicare Utilization:** 15,098

2007 Work RVU: 1.55 **2017 Work RVU:** 1.55
2007 NF PE RVU: 2.73 **2017 NF PE RVU:** 3.22
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,533

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 2.17 **2017 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.64

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

Result: Decrease

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 Est Medicare Utilization:** 204,222

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 26,118

2007 Work RVU: 0.66 **2017 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2017 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:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 485,625

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Submit action plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,353

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.39 **2017 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2016 Est Medicare Utilization:** 299,122

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2017 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2016 Est Medicare Utilization:** 881,528

2007 Work RVU: 0.56 **2017 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2017 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Est Medicare Utilization:** 531,495

2007 Work RVU: **2017 Work RVU:** 0.73
2007 NF PE RVU: **2017 NF PE RVU:** 2.27
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 747,105

2007 Work RVU: **2017 Work RVU:** 0.68
2007 NF PE RVU: **2017 NF PE RVU:** 1.78
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 1.41 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,007,473

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2017 NF PE RVU:** 2.62
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 1,088,262

2007 Work RVU: 0.59 **2017 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2017 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.55
2007 NF PE RVU: **2017 NF PE RVU:** 2.07
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 1,317,871

2007 Work RVU: 0.74 **2017 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2017 NF PE RVU:** 2.43
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 649,509

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 13,881

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2017 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 478,603

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 498,627

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 218,123

2007 Work RVU: 0.38 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2017 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 139,476

2007 Work RVU: 0.64 **2017 Work RVU:** 0.64
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 1.25
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 202,184

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2017 Work RVU:**
2007 NF PE RVU: 1.97 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2016 Est Medicare Utilization:** 215,130

2007 Work RVU: **2017 Work RVU:** 0.63
2007 NF PE RVU: **2017 NF PE RVU:** 2.69
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Revised PE. Refer to CPT and 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, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2016 Est Medicare Utilization:** 241,954

2007 Work RVU: **2017 Work RVU:** 0.49
2007 NF PE RVU: **2017 NF PE RVU:** 0.49
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Revised PE. Refer to CPT and RAW review in Oct 2019.

Referred to CPT June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2016 Est Medicare Utilization:** 2,282

2007 Work RVU: 0.67 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.67

Referred to CPT

Result: Maintain

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

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 Est Medicare Utilization:** 1,326

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.67

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 985

2007 Work RVU: 1.99 **2017 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2017 NF PE RVU:** 5.49
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2016 Est Medicare Utilization:** 1,383

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

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

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2016 Est Medicare Utilization:** 1,217,038

2007 Work RVU: 0.67 **2017 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2017 NF PE RVU:** 1.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review utilization at the RAW. 0.67 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 8

2007 Work RVU: 0.38 **2017 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2017 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.58 **2017 Work RVU:**
2007 NF PE RVU: 1.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 6,055

2007 Work RVU: 1.34 **2017 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2017 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2016 Est Medicare Utilization:** 26,883

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2017 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

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

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2016 Est Medicare Utilization:** 433,697

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2017 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.38

Referred to CPT October 2015

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2016 Est Medicare Utilization:** 505,484

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2017 NF PE RVU:** 2.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** October 2010 **2016 Est Medicare Utilization:** 248,828

2007 Work RVU: 0.60 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 5,147

2007 Work RVU: 1.21 **2017 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2017 NF PE RVU:** 5.03
2007 Fac PE RVU NA **2017 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 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 29 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2016 Est Medicare Utilization:** 204,696

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16
2007 NF PE RVU: 7.02 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **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 Est Medicare Utilization:** 1,760,789

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2017 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Maintain current value. Review after additional data available after coding changes effective (October 2020) **Referred to CPT** September 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.59 **2017 Work RVU:**
2007 NF PE RVU: 6.19 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.56 **2017 Work RVU:**
2007 NF PE RVU: 1.26 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: **2016 Est Medicare Utilization:** 1,029,203

2007 Work RVU: 0.06 **2017 Work RVU:**
2007 NF PE RVU: 0.38 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Est Medicare Utilization:** 5,639,119

2007 Work RVU: 0.06 **2017 Work RVU:**
2007 NF PE RVU: 0.38 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 20,262

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 1.34 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 17,209

2007 Work RVU: 0.87 **2017 Work RVU:**
2007 NF PE RVU: 1.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 96,007

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 1.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral** **Global:** XXX **Issue:** MRI Breast **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 24 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 1,974

2007 Work RVU: 1.63 **2017 Work RVU:** 1.63
2007 NF PE RVU: 18.76 **2017 NF PE RVU:** 13.54
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral** **Global:** XXX **Issue:** MRI Breast **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 24 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Est Medicare Utilization:** 75,358

2007 Work RVU: 1.63 **2017 Work RVU:** 1.63
2007 NF PE RVU: 23.46 **2017 NF PE RVU:** 13.44
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2017 Work RVU:**
2007 NF PE RVU: 2.45 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2016 Est Medicare Utilization:** 2,303,568

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2017 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2017 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:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 32,171

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.8 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.71 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 0.20 **2017 Work RVU:**
2007 NF PE RVU: 0.71 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 116,270

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 1.25
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2016 Est Medicare Utilization:** 2,618

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.81
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 8,765

2007 Work RVU: 1.39 **2017 Work RVU:** 1.39
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU 0.51 **2017 Fac PE RVU:**0.68

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 Est Medicare Utilization: 3,815

2007 Work RVU: 2.11 **2017 Work RVU:** 2.11
2007 NF PE RVU: 0.74 **2017 NF PE RVU:** 0.96
2007 Fac PE RVU 0.74 **2017 Fac PE RVU:**0.96

RUC Recommendation: 2.00

Referred to CPT

Result: Decrease

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

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2016 Est Medicare Utilization: 281,989

2007 Work RVU: 3.14 **2017 Work RVU:** 3.14
2007 NF PE RVU: 1.1 **2017 NF PE RVU:** 1.34
2007 Fac PE RVU 1.1 **2017 Fac PE RVU:**1.34

RUC Recommendation: 3.14

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 320,663

2007 Work RVU: 0.70 **2017 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2017 NF PE RVU:** 7.03
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 3,568

2007 Work RVU: 1.05 **2017 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2017 NF PE RVU:** 11.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.05

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

Result: Maintain

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 Est Medicare Utilization:** 245,929

2007 Work RVU: 1.56 **2017 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2017 NF PE RVU:** 13.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.56

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 20,132

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 11.12
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 147,873

2007 Work RVU: 4.56 **2017 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2017 NF PE RVU:** 9.40
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 4.29 **Referred to CPT** October 2012, October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,265,827

2007 Work RVU: 0.62 **2017 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2017 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2017 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 117,067

2007 Work RVU: 7.99 **2017 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2017 NF PE RVU:** 46.87
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 1.79 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Result: Deleted from CPT

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

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Est Medicare Utilization:** 3,352

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 2.76
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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

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 Est Medicare Utilization:** 52,243

2007 Work RVU: **2017 Work RVU:** 2.90

2007 NF PE RVU: **2017 NF PE RVU:** 5.15

2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.90

Referred to CPT

Result: Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: 1.05 **2017 Work RVU:**

2007 NF PE RVU: 2.32 **2017 NF PE RVU:**

2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Result: Deleted from CPT

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

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.56 **2017 Work RVU:**

2007 NF PE RVU: 2.9 **2017 NF PE RVU:**

2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,410

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 3.86
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50

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

Result: Decrease

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 Est Medicare Utilization:** 3,444

2007 Work RVU: **2017 Work RVU:** 1.83
2007 NF PE RVU: **2017 NF PE RVU:** 5.02
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.83

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

Result: Decrease

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Est Medicare Utilization:** 6,662

2007 Work RVU: **2017 Work RVU:** 2.90
2007 NF PE RVU: **2017 NF PE RVU:** 6.99
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.93 **2017 Work RVU:**
2007 NF PE RVU: 2.75 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.39 **2017 Work RVU:**
2007 NF PE RVU: 3.97 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 2.09 **2017 Work RVU:**
2007 NF PE RVU: 5.54 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 80,050

2007 Work RVU: 0.54 **2017 Work RVU:** 0.45
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 1.43
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 12,001

2007 Work RVU: 0.84 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 1.95
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)** **Global:** XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Est Medicare Utilization:** 868,011

2007 Work RVU: 1.24 **2017 Work RVU:** 1.15
2007 NF PE RVU: 3.43 **2017 NF PE RVU:** 2.50
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 444,186

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2017 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs
Referred to CPT
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 Est Medicare Utilization:** 137,345

2007 Work RVU: **2017 Work RVU:** 4.29
2007 NF PE RVU: **2017 NF PE RVU:** 9.87
2007 Fac PE RVU **2017 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2016 Est Medicare Utilization:** 70

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00
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

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 Est Medicare Utilization:** 1,005

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2017 NF PE RVU:** 30.29
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 24,063

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2017 NF PE RVU:** 38.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

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

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00
Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

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

77387 **Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.58 **Referred to CPT** October 2013 **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 and Feburary 2014 **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.27 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.87 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.02 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.01 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.46 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 16.8 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.39 **2017 Work RVU:**
2007 NF PE RVU: 3.11 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 4.58 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

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

77423 **High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007 **2016 Est Medicare Utilization:** 1,091,036

2007 Work RVU: 3.70 **2017 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.66
2007 Fac PE RVU 1.15 **2017 Fac PE RVU:**1.66

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2016 **2016 Est Medicare Utilization:** 27,646

2007 Work RVU: 13.00 **2017 Work RVU:** 11.87
2007 NF PE RVU: 4.63 **2017 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2017 Fac PE RVU:**5.17

RUC Recommendation: Remove from screen

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

Result: Remove from screen

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 Est Medicare Utilization:** 95,518

2007 Work RVU: 2.09 **2017 Work RVU:** 2.03
2007 NF PE RVU: 9.35 **2017 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.03

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2016 **2016 Est Medicare Utilization:** 46,985

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Remove from screen

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

Result: Remove from screen

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 Est Medicare Utilization:** 4,967

2007 Work RVU: 1.56 **2017 Work RVU:** 1.31
2007 NF PE RVU: 5.09 **2017 NF PE RVU:** 10.33
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2016 Est Medicare Utilization:** 5,123

2007 Work RVU: **2017 Work RVU:** 1.05
2007 NF PE RVU: **2017 NF PE RVU:** 5.25
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.05

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Est Medicare Utilization:** 7,914

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 8.50
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Est Medicare Utilization:** 16,718

2007 Work RVU: **2017 Work RVU:** 1.95
2007 NF PE RVU: **2017 NF PE RVU:** 7.03
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Est Medicare Utilization:** 23,773

2007 Work RVU: **2017 Work RVU:** 3.80
2007 NF PE RVU: **2017 NF PE RVU:** 12.92
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Est Medicare Utilization:** 4,034

2007 Work RVU: **2017 Work RVU:** 5.40
2007 NF PE RVU: **2017 NF PE RVU:** 20.15
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.67 **2017 Work RVU:**
2007 NF PE RVU: 4.23 **2017 NF PE RVU:**
2007 Fac PE RVU 4.23 **2017 Fac PE RVU:**

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

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2016 Est Medicare Utilization:**

2007 Work RVU: 7.49 **2017 Work RVU:**
2007 NF PE RVU: 6.92 **2017 NF PE RVU:**
2007 Fac PE RVU 6.92 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:** 4,863

2007 Work RVU: 11.23 **2017 Work RVU:** 8.78
2007 NF PE RVU: 9.38 **2017 NF PE RVU:** 14.04
2007 Fac PE RVU 9.38 **2017 Fac PE RVU:** NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.21 **2017 Work RVU:**
2007 NF PE RVU: 16.73 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

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

2007 Work RVU: 2.04 **2017 Work RVU:**
2007 NF PE RVU: 18.94 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

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

2007 Work RVU: 5.15 **2017 Work RVU:**
2007 NF PE RVU: 28.04 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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 Est Medicare Utilization:** 309

2007 Work RVU: 1.05 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1 **2017 NF PE RVU:** 0.41
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.19 **2017 Work RVU:**
2007 NF PE RVU: 1.21 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 1.59 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.33 **2017 Work RVU:**
2007 NF PE RVU: 1.26 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2017 Work RVU:**
2007 NF PE RVU: 3.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 2.76 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.39 **2017 Work RVU:**
2007 NF PE RVU: 2.45 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2017 Work RVU:**
2007 NF PE RVU: 2.99 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:** 3,152

2007 Work RVU: **2017 Work RVU:** 0.19
2007 NF PE RVU: **2017 NF PE RVU:** 2.13
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:** 2,856

2007 Work RVU: **2017 Work RVU:** 0.37
2007 NF PE RVU: **2017 NF PE RVU:** 5.17
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Est Medicare Utilization:** 26,548

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 6.51
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Est Medicare Utilization:** 15,061

2007 Work RVU: 0.82 **2017 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2017 NF PE RVU:** 7.91
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 8,835

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 9.15
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.20. Refer to CPT Assistant and review 2 years after article is published. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Est Medicare Utilization:** 8,157

2007 Work RVU: **2017 Work RVU:** 1.60
2007 NF PE RVU: **2017 NF PE RVU:** 10.34
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.60. Refer to CPT Assistant and review 2 years after article is published.

Referred to CPT **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** 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 Est Medicare Utilization:**

2007 Work RVU: 0.84 **2017 Work RVU:**
2007 NF PE RVU: 4.95 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT

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

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2016 Est Medicare Utilization:** 60,031

2007 Work RVU: **2017 Work RVU:** 0.74
2007 NF PE RVU: **2017 NF PE RVU:** 8.86
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.74

Referred to CPT **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2016 Est Medicare Utilization:** 89,215

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 12.13
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2016 Est Medicare Utilization:** 2,117

2007 Work RVU: **2017 Work RVU:** 0.98
2007 NF PE RVU: **2017 NF PE RVU:** 10.59
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2016 Est Medicare Utilization:** 190

2007 Work RVU: **2017 Work RVU:** 1.08
2007 NF PE RVU: **2017 NF PE RVU:** 12.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2016 Est Medicare Utilization:** 34,087

2007 Work RVU: 0.99 **2017 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2017 NF PE RVU:** 9.11
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Est Medicare Utilization:** 10,943

2007 Work RVU: 0.62 **2017 Work RVU:** 0.62

2007 NF PE RVU: 3 **2017 NF PE RVU:** 4.61

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.62 **Referred to CPT**

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

Result: Maintain

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 Est Medicare Utilization:** 2,087

2007 Work RVU: 0.83 **2017 Work RVU:** 0.83

2007 NF PE RVU: 4.24 **2017 NF PE RVU:** 5.87

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.83 **Referred to CPT**

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

Result: Maintain

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 Est Medicare Utilization:** 291,287

2007 Work RVU: 0.86 **2017 Work RVU:** 0.86

2007 NF PE RVU: 4.84 **2017 NF PE RVU:** 6.42

2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.86 **Referred to CPT**

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

Result: Maintain

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 Est Medicare Utilization:** 42,701

2007 Work RVU: **2017 Work RVU:** 1.38
2007 NF PE RVU: **2017 NF PE RVU:** 8.44
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Est Medicare Utilization:** 2,020,059

2007 Work RVU: **2017 Work RVU:** 1.62
2007 NF PE RVU: **2017 NF PE RVU:** 12.04
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Est Medicare Utilization:** 1,747

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 7.78
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Est Medicare Utilization:** 11,937

2007 Work RVU: **2017 Work RVU:** 1.34
2007 NF PE RVU: **2017 NF PE RVU:** 11.30
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.86 **2017 Work RVU:**
2007 NF PE RVU: 3.1 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 1.23 **2017 Work RVU:**
2007 NF PE RVU: 4.81 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2017 Work RVU:**
2007 NF PE RVU: 7.03 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 1.46 **2017 Work RVU:**
2007 NF PE RVU: 12.08 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 27,152

2007 Work RVU: 0.98 **2017 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2017 NF PE RVU:** 5.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.98 **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

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 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 1.54 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.30 **2017 Work RVU:**
2007 NF PE RVU: 1.51 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Est Medicare Utilization:** 122,081

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

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 Est Medicare Utilization:** 1,127

2007 Work RVU: **2017 Work RVU:** 0.49
2007 NF PE RVU: **2017 NF PE RVU:** 4.91
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:** 15,084

2007 Work RVU: 0.74 **2017 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2017 NF PE RVU:** 6.18
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Est Medicare Utilization:** 214,636

2007 Work RVU: **2017 Work RVU:** 1.07
2007 NF PE RVU: **2017 NF PE RVU:** 8.62
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2017 Work RVU:**
2007 NF PE RVU: 3.34 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2017 Work RVU:**
2007 NF PE RVU: 6.53 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2017 Work RVU:**
2007 NF PE RVU: 3.02 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2017 Work RVU:**
2007 NF PE RVU: 3.51 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2017 Work RVU:**
2007 NF PE RVU: 4.7 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2017 Work RVU:**
2007 NF PE RVU: 3.21 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2017 Work RVU:**
2007 NF PE RVU: 3.84 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.53 **2017 Work RVU:**
2007 NF PE RVU: 5.12 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.27 **2017 Work RVU:**
2007 NF PE RVU: 7.7 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Est Medicare Utilization:** 1,659

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 5.10
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Est Medicare Utilization:** 3,571

2007 Work RVU: **2017 Work RVU:** 0.85
2007 NF PE RVU: **2017 NF PE RVU:** 8.02
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**

Global: XXX **Issue:** RAW **Screen:** CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2016 Est Medicare Utilization:** 9,973

2007 Work RVU: 1.09 **2017 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2017 NF PE RVU:** 8.81
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 552,724

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

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

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009

2016 Est Medicare Utilization: 9,979

2007 Work RVU: 1.96 **2017 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2017 NF PE RVU:** 2.04
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization: 165,170

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:**0.24

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 Est Medicare Utilization: 141,255

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 1.58
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.44

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:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: April 2017

2016 Est Medicare Utilization: 35,331

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Submit action plan

Referred to CPT

Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2016 Est Medicare Utilization:** 84,263

2007 Work RVU: 0.56 **2017 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 6,602

2007 Work RVU: 0.56 **2017 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2017 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 1.66 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2016 Est Medicare Utilization:** 272,921

2007 Work RVU: 0.56 **2017 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 968,124

2007 Work RVU: 1.18 **2017 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2017 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT

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

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: November 2012 **2016 Est Medicare Utilization:** 69,869

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 16.61
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

Referred to CPT

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: November 2012 **2016 Est Medicare Utilization:** 38,140

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 14.40
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

Referred to CPT **Result:**

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

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2016 Est Medicare Utilization:** 9,083

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2017 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT **Result:** PE Only

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

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2016 Est Medicare Utilization:** 5,130

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2017 NF PE RVU:** 1.33
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2016 Est Medicare Utilization:** 3,177

2007 Work RVU: 0.76 **2017 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Est Medicare Utilization:** 94,770

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2017 NF PE RVU:** 1.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Est Medicare Utilization:** 1,857,309

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2017 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Est Medicare Utilization:** 37,701

2007 Work RVU: 1.36 **2017 Work RVU:** 0.74
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**0.87

RUC Recommendation: 0.74

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

Result: Decrease

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Est Medicare Utilization:** 32,221

2007 Work RVU: 1.69 **2017 Work RVU:** 1.20
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.84

RUC Recommendation: 1.40

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

Result: Decrease

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Est Medicare Utilization:** 198,660

2007 Work RVU: 2.23 **2017 Work RVU:** 1.70
2007 NF PE RVU: 0.68 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU 0.68 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.70

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Est Medicare Utilization:** 223,203

2007 Work RVU: 0.08 **2017 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2017 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

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

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 Est Medicare Utilization:** 89,043

2007 Work RVU: 0.13 **2017 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

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

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 Est Medicare Utilization:** 1,036,502

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2017 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 17,431,961

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 969,176

2007 Work RVU: 1.59 **2017 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2017 NF PE RVU:** 5.87
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 154,901

2007 Work RVU: 2.80 **2017 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2017 NF PE RVU:** 8.63
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,459,879

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,429,330

2007 Work RVU: 0.24 **2017 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2017 NF PE RVU:** 1.71
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 19,937

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2017 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2017 Work RVU:**
2007 NF PE RVU: 1.98 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 14,707

2007 Work RVU: 0.53 **2017 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2017 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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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 Est Medicare Utilization:** 186,719

2007 Work RVU: 1.63 **2017 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2017 NF PE RVU:** 1.21
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.75

RUC Recommendation: 1.63 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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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 Est Medicare Utilization:** 31,720

2007 Work RVU: 1.83 **2017 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2017 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.83 **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

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 Est Medicare Utilization:** 7,987

2007 Work RVU: 2.50 **2017 Work RVU:** 2.85
2007 NF PE RVU: 2.76 **2017 NF PE RVU:** 2.34
2007 Fac PE RVU 0.87 **2017 Fac PE RVU:**1.42
Result: Increase

RUC Recommendation: 2.85

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

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2016 Est Medicare Utilization:** 31,032

2007 Work RVU: 0.67 **2017 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU 0.27 **2017 Fac PE RVU:**0.35
Result: Maintain

RUC Recommendation: 0.67

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

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2016 Est Medicare Utilization:** 521,285

2007 Work RVU: 1.19 **2017 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.19

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

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2016 Est Medicare Utilization:** 177,419

2007 Work RVU: 0.59 **2017 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.59

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

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Est Medicare Utilization:** 67,166

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Est Medicare Utilization:** 32,211

2007 Work RVU: 0.73 **2017 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 2,859,426

2007 Work RVU: **2017 Work RVU:** 0.56
2007 NF PE RVU: **2017 NF PE RVU:** 2.00
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2016 Est Medicare Utilization:** 1,801,125

2007 Work RVU: 0.85 **2017 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2017 NF PE RVU:** 2.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

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

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2016 Est Medicare Utilization:** 88,123

2007 Work RVU: **2017 Work RVU:** 0.77
2007 NF PE RVU: **2017 NF PE RVU:** 4.07
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2016 Est Medicare Utilization:** 59,971

2007 Work RVU: 0.86 **2017 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2017 NF PE RVU:** 1.91
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.86 **2017 Work RVU:**
2007 NF PE RVU: 1.28 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2016 Est Medicare Utilization:** 15,481

2007 Work RVU: 1.51 **2017 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2017 NF PE RVU:** 8.20
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 4.88 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 178,218

2007 Work RVU: **2017 Work RVU:** 0.59
2007 NF PE RVU: **2017 NF PE RVU:** 1.47
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2016 Est Medicare Utilization:** 14,970

2007 Work RVU: 3.02 **2017 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2017 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 374,274

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.87 **2017 NF PE RVU:** 2.83
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 158,901

2007 Work RVU: 1.18 **2017 Work RVU:** 1.18
2007 NF PE RVU: 2.94 **2017 NF PE RVU:** 3.15
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 21,437

2007 Work RVU: **2017 Work RVU:** 0.70
2007 NF PE RVU: **2017 NF PE RVU:** 2.98
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 38,759

2007 Work RVU: 1.20 **2017 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2017 NF PE RVU:** 4.10
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,241

2007 Work RVU: **2017 Work RVU:** 1.24
2007 NF PE RVU: **2017 NF PE RVU:** 5.97
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 9,164

2007 Work RVU: 1.30 **2017 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2017 NF PE RVU:** 2.24
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 26,705

2007 Work RVU: 1.40 **2017 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88369 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2016 Est Medicare Utilization:** 21,658

2007 Work RVU: **2017 Work RVU:** 0.70
2007 NF PE RVU: **2017 NF PE RVU:** 2.30
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 8,394

2007 Work RVU: **2017 Work RVU:** 0.58
2007 NF PE RVU: **2017 NF PE RVU:** 1.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 94,930

2007 Work RVU: **2017 Work RVU:** 0.93
2007 NF PE RVU: **2017 NF PE RVU:** 8.61
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2016 Est Medicare Utilization:** 140,571

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 9.99
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.35 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.17 **2017 NF PE RVU:**
2007 Fac PE RVU 0.09 **2017 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2016 Est Medicare Utilization:** 342,189

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 28,364

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU 0.11 **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**NA

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 Est Medicare Utilization:** 372,951

2007 Work RVU: **2017 Work RVU:** 0.33
2007 NF PE RVU: **2017 NF PE RVU:** 0.05
2007 Fac PE RVU **2017 Fac PE RVU:**0.05

RUC Recommendation: 0.33 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2016 Est Medicare Utilization:** 925,029

2007 Work RVU: **2017 Work RVU:** 3.00

2007 NF PE RVU: **2017 NF PE RVU:** 0.57

2007 Fac PE RVU **2017 Fac PE RVU:** 0.45

RUC Recommendation: 3.00

Referred to CPT February 2012

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

Result: Increase

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2016 Est Medicare Utilization:** 566,396

2007 Work RVU: **2017 Work RVU:** 3.25

2007 NF PE RVU: **2017 NF PE RVU:** 0.73

2007 Fac PE RVU **2017 Fac PE RVU:** 0.61

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 Est Medicare Utilization:**

2007 Work RVU: 2.80 **2017 Work RVU:**

2007 NF PE RVU: 1.25 **2017 NF PE RVU:**

2007 Fac PE RVU 0.85 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.37 **2017 Work RVU:**
2007 NF PE RVU: 0.53 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.86 **2017 Work RVU:**
2007 NF PE RVU: 0.66 **2017 NF PE RVU:**
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 2.79 **2017 Work RVU:**
2007 NF PE RVU: 0.94 **2017 NF PE RVU:**
2007 Fac PE RVU 0.8 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.89 **2017 Work RVU:**

2007 NF PE RVU: NA **2017 NF PE RVU:**

2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

Result: Deleted from CPT

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2016 Est Medicare Utilization:** 2,372,314

2007 Work RVU: **2017 Work RVU:** 1.50

2007 NF PE RVU: **2017 NF PE RVU:** 0.24

2007 Fac PE RVU **2017 Fac PE RVU:**0.22

RUC Recommendation: 1.50

Referred to CPT February 2012

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

Result: Increase

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2016 Est Medicare Utilization:** 1,367,055

2007 Work RVU: **2017 Work RVU:** 1.50

2007 NF PE RVU: **2017 NF PE RVU:** 0.29

2007 Fac PE RVU **2017 Fac PE RVU:**0.27

RUC Recommendation: 1.50

Referred to CPT February 2012

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 5,572,546

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.31
2007 Fac PE RVU **2017 Fac PE RVU:** 0.29

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 577,357

2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** 0.37
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 5,299,115

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.46
2007 Fac PE RVU **2017 Fac PE RVU:** 0.44

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 105,916

2007 Work RVU: **2017 Work RVU:** 2.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.49
2007 Fac PE RVU **2017 Fac PE RVU:** 0.47

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 18,328

2007 Work RVU: **2017 Work RVU:** 3.13
2007 NF PE RVU: **2017 NF PE RVU:** 0.49
2007 Fac PE RVU **2017 Fac PE RVU:** 0.46

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 5,034

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.23
2007 Fac PE RVU **2017 Fac PE RVU:** 0.22

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Est Medicare Utilization:** 5,710

2007 Work RVU: 1.79 **2017 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.37

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 Est Medicare Utilization:** 23,597

2007 Work RVU: 1.83 **2017 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU 0.6 **2017 Fac PE RVU:**0.37

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 193,683

2007 Work RVU: 2.21 **2017 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.38

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Est Medicare Utilization:** 1,056,070

2007 Work RVU: 0.59 **2017 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.10

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.95 **2017 Work RVU:**
2007 NF PE RVU: 0.46 **2017 NF PE RVU:**
2007 Fac PE RVU 0.31 **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 66,148

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 145,184

2007 Work RVU: 1.88 **2017 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2017 NF PE RVU:** 2.38
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.52

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 24,356

2007 Work RVU: 0.89 **2017 Work RVU:** 0.89
2007 NF PE RVU: 1.51 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:**0.31

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,188,393

2007 Work RVU: 1.22 **2017 Work RVU:** 1.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**0.48

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription** **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Est Medicare Utilization:** 60,341

2007 Work RVU: 2.11 **2017 Work RVU:** 2.11
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2017 Fac PE RVU:**0.71

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 156,271

2007 Work RVU: 1.28 **2017 Work RVU:** 1.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:** 0.77

RUC Recommendation: 1.56

Referred to CPT

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

Result: Increase

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 Est Medicare Utilization: 14,656

2007 Work RVU: 2.16 **2017 Work RVU:** 2.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2017 Fac PE RVU:** 0.83

RUC Recommendation: 2.52

Referred to CPT

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

Result: Increase

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2016 Est Medicare Utilization: 38

2007 Work RVU: **2017 Work RVU:** 18.46
2007 NF PE RVU: **2017 NF PE RVU:** 7.01
2007 Fac PE RVU **2017 Fac PE RVU:** 7.01

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

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 Est Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 Est Medicare Utilization:** 2

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Est Medicare Utilization:** 573

2007 Work RVU: **2017 Work RVU:** 15.98
2007 NF PE RVU: **2017 NF PE RVU:** 6.05
2007 Fac PE RVU **2017 Fac PE RVU:** 6.05

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

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 Est Medicare Utilization:** 112

2007 Work RVU: **2017 Work RVU:** 8.79
2007 NF PE RVU: **2017 NF PE RVU:** 3.59
2007 Fac PE RVU **2017 Fac PE RVU:** 3.59

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 103

2007 Work RVU: **2017 Work RVU:** 5.95
2007 NF PE RVU: **2017 NF PE RVU:** 2.66
2007 Fac PE RVU **2017 Fac PE RVU:** 2.66

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 Est Medicare Utilization:** 2,203

2007 Work RVU: **2017 Work RVU:** 12.52
2007 NF PE RVU: **2017 NF PE RVU:** 4.91
2007 Fac PE RVU **2017 Fac PE RVU:** 4.91

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

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 Est Medicare Utilization:** 503

2007 Work RVU: **2017 Work RVU:** 8.34
2007 NF PE RVU: **2017 NF PE RVU:** 3.47
2007 Fac PE RVU **2017 Fac PE RVU:** 3.47

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

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

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 Est Medicare Utilization:** 432

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** 2.54
2007 Fac PE RVU **2017 Fac PE RVU:** 2.54

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 Est Medicare Utilization:** 2,277,488

2007 Work RVU: **2017 Work RVU:** 5.18
2007 NF PE RVU: **2017 NF PE RVU:** 2.52
2007 Fac PE RVU **2017 Fac PE RVU:** 2.52

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

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 Est Medicare Utilization:** 716,836

2007 Work RVU: **2017 Work RVU:** 4.26
2007 NF PE RVU: **2017 NF PE RVU:** 2.21
2007 Fac PE RVU **2017 Fac PE RVU:** 2.21

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT **Result:** PE Only

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

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 Est Medicare Utilization:** 207,542

2007 Work RVU: **2017 Work RVU:** 3.15
2007 NF PE RVU: **2017 NF PE RVU:** 1.85
2007 Fac PE RVU **2017 Fac PE RVU:** 1.85

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT **Result:** PE Only

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

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Est Medicare Utilization:** 278

2007 Work RVU: **2017 Work RVU:** 10.56
2007 NF PE RVU: **2017 NF PE RVU:** 4.19
2007 Fac PE RVU **2017 Fac PE RVU:** 4.19

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

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 Est Medicare Utilization:** 814

2007 Work RVU: **2017 Work RVU:** 9.14
2007 NF PE RVU: **2017 NF PE RVU:** 3.75
2007 Fac PE RVU **2017 Fac PE RVU:** 3.75

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,307

2007 Work RVU: **2017 Work RVU:** 8.69
2007 NF PE RVU: **2017 NF PE RVU:** 3.59
2007 Fac PE RVU **2017 Fac PE RVU:** 3.59

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 Est Medicare Utilization:** 337,169

2007 Work RVU: **2017 Work RVU:** 4.26
2007 NF PE RVU: **2017 NF PE RVU:** 2.20
2007 Fac PE RVU **2017 Fac PE RVU:** 2.20

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,163

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2017 NF PE RVU:** 11.48
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 53,038

2007 Work RVU: 3.64 **2017 Work RVU:** 2.49
2007 NF PE RVU: 21.77 **2017 NF PE RVU:** 23.55
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 122

2007 Work RVU: 1.00 **2017 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2017 NF PE RVU:** 19.99
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 195

2007 Work RVU: 0.00 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0 **2017 NF PE RVU:** 3.61
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2016 Est Medicare Utilization:** 72

2007 Work RVU: 0.00 **2017 Work RVU:** 0.66
2007 NF PE RVU: 0 **2017 NF PE RVU:** 4.15
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 95,247

2007 Work RVU: 0.36 **2017 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 139,557

2007 Work RVU: 0.44 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2017 NF PE RVU:** 0.95
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 2,935,699

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2017 NF PE RVU:** 1.30
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

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

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 Est Medicare Utilization:** 32,596

2007 Work RVU: 0.92 **2017 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2017 NF PE RVU:** 1.63
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.34

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

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 Est Medicare Utilization:** 2,650,885

2007 Work RVU: **2017 Work RVU:** 0.40
2007 NF PE RVU: **2017 NF PE RVU:** 0.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50

Referred to CPT October 2009 **Result:** Decrease

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

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2008 **2016 Est Medicare Utilization:** 6,611,047

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.69
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50

Referred to CPT October 2009 **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.35 **2017 Work RVU:**
2007 NF PE RVU: 0.79 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,616,211

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: XXX **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2016 Est Medicare Utilization:** 47,105

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 0.97 **2017 NF PE RVU:**
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**

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

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 1,023,558

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 0.23 **2017 NF PE RVU:** 0.37
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:** 0.22

RUC Recommendation: Submit action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 21

Specialty Developing Recommendation: AAO, ASRS

First Identified: April 2011

2016 Est Medicare Utilization: 1,210,847

2007 Work RVU: 0.81 **2017 Work RVU:** 0.75

2007 NF PE RVU: 2.54 **2017 NF PE RVU:** 1.65

2007 Fac PE RVU NA **2017 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 Est Medicare Utilization: 96,349

2007 Work RVU: 1.10 **2017 Work RVU:** 0.80

2007 NF PE RVU: 5.7 **2017 NF PE RVU:** 5.04

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT October 2015

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

Result: Decrease

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 21

Specialty Developing Recommendation: AAO, ASRS

First Identified: October 2015

2016 Est Medicare Utilization:

2007 Work RVU: **2017 Work RVU:** 0.95

2007 NF PE RVU: **2017 NF PE RVU:** 5.42

2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.95

Referred to CPT October 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

First Identified: October 2010 **2016 Est Medicare Utilization:** 3,088,106

2007 Work RVU: 0.44 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.40

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

Result: Decrease

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth 3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS

First Identified: February 2008 **2016 Est Medicare Utilization:** 2,436

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2017 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review utilization (September 2017). Refer to CPT. CPT Assistant article published.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Result:

92275 **Electroretinography with interpretation and report**

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

Most Recent RUC Meeting: January 2016 **Tab** 46 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

First Identified: July 2015 **2016 Est Medicare Utilization:** 124,174

2007 Work RVU: 1.01 **2017 Work RVU:** 1.01
2007 NF PE RVU: 2.08 **2017 NF PE RVU:** 3.16
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2016 Est Medicare Utilization:** 364,596

2007 Work RVU: 0.20 **2017 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2017 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 119,315

2007 Work RVU: 0.66 **2017 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.40

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

Result: Decrease

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 Est Medicare Utilization:** 4,143

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2017 NF PE RVU:** 3.05
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

Referred to CPT October 2011
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009

2016 Est Medicare Utilization: 230,535

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18

2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.65

2007 Fac PE RVU 0.08 **2017 Fac PE RVU:**0.08

RUC Recommendation: 0.18

Referred to CPT

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

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2016 Est Medicare Utilization:

2007 Work RVU: 0.86 **2017 Work RVU:**

2007 NF PE RVU: 2.76 **2017 NF PE RVU:**

2007 Fac PE RVU 0.36 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT.

Referred to CPT October 2012

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

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015

2016 Est Medicare Utilization: 204,172

2007 Work RVU: 0.52 **2017 Work RVU:** 1.30

2007 NF PE RVU: 1.13 **2017 NF PE RVU:** 0.88

2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Est Medicare Utilization:** 2,985

2007 Work RVU: 0.26 **2017 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.31
2007 Fac PE RVU 0.11 **2017 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

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

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Est Medicare Utilization:** 150

2007 Work RVU: **2017 Work RVU:** 1.75
2007 NF PE RVU: **2017 NF PE RVU:** 1.31
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.75

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

Result: Increase

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Est Medicare Utilization:** 2,603

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.03
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2016 Est Medicare Utilization: 9,811

RUC Recommendation: 3.36

Referred to CPT October 2012

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

2007 Work RVU: **2017 Work RVU:** 3.00

2007 NF PE RVU: **2017 NF PE RVU:** 2.43

2007 Fac PE RVU **2017 Fac PE RVU:** NA

Result: Increase

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2016 Est Medicare Utilization: 12,826

RUC Recommendation: 1.75

Referred to CPT October 2012

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

2007 Work RVU: **2017 Work RVU:** 1.50

2007 NF PE RVU: **2017 NF PE RVU:** 0.94

2007 Fac PE RVU **2017 Fac PE RVU:** NA

Result: Increase

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2016 Est Medicare Utilization: 72,958

RUC Recommendation: Review utilization

Referred to CPT

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

2007 Work RVU: 0.55 **2017 Work RVU:** 1.34

2007 NF PE RVU: 1.65 **2017 NF PE RVU:** 1.04

2007 Fac PE RVU 0.19 **2017 Fac PE RVU:** NA

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2016 Est Medicare Utilization:** 76,673

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** 0.51
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2016 Est Medicare Utilization:** 6,598

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.26
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2016 Est Medicare Utilization:** 93,970

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.33
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Est Medicare Utilization:** 13,553

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Est Medicare Utilization:** 24,252

2007 Work RVU: 0.33 **2017 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.10 **2017 Work RVU:**
2007 NF PE RVU: 0.59 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Est Medicare Utilization:** 3,303

2007 Work RVU: 0.26 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.93 **2017 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 4,792

2007 Work RVU: 0.23 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2017 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2016 Est Medicare Utilization:** 45,256

2007 Work RVU: 0.29 **2017 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2017 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Editorial change only **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2016 Est Medicare Utilization:** 32,851

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2017 NF PE RVU:** 0.17
2007 Fac PE RVU 0.09 **2017 Fac PE RVU:**NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2016 Est Medicare Utilization:** 43,328

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2017 NF PE RVU:** 2.28
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Editorial change only. Submit action plan.

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified: **2016 Est Medicare Utilization:** 266,641

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 0.23
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.35

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,223,543

2007 Work RVU: 0.00 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.30

RUC Recommendation: 0.60 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.17

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

Result: Increase

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Est Medicare Utilization:** 832,142

2007 Work RVU: 0.00 **2017 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Est Medicare Utilization:** 7,962

2007 Work RVU: 0.00 **2017 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2017 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0.35 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 46,776

2007 Work RVU: **2017 Work RVU:** 0.55
2007 NF PE RVU: **2017 NF PE RVU:** 0.33
2007 Fac PE RVU **2017 Fac PE RVU:** 0.27

RUC Recommendation: 0.55

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: October 2008 **2016 Est Medicare Utilization:** 73,199

2007 Work RVU: 0.13 **2017 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Est Medicare Utilization:** 92,391

2007 Work RVU: 0.36 **2017 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.60

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

Result: Increase

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 Est Medicare Utilization:** 2,741

2007 Work RVU: 0.86 **2017 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU 0.4 **2017 Fac PE RVU:** NA

RUC Recommendation: 1.48 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 1.75
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU 0 **2017 Fac PE RVU:** 0.67

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 1.40
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU 0 **2017 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Est Medicare Utilization:** 393

2007 Work RVU: 0.00 **2017 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2017 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Est Medicare Utilization:** 133

2007 Work RVU: 0.00 **2017 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 11,828

2007 Work RVU: 0.00 **2017 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2017 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2017 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 2013 **Tab** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Est Medicare Utilization:** 13,952

2007 Work RVU: 0.00 **2017 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2017 NF PE RVU:** 1.07
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.71

RUC Recommendation: Review utilization

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA

First Identified: NA **2016 Est Medicare Utilization:** 8,103

2007 Work RVU: 0.00 **2017 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.27
2007 Fac PE RVU **2017 Fac PE RVU:** 0.25

RUC Recommendation: 0.65

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

Result: Increase

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 Est Medicare Utilization:** 3,453

2007 Work RVU: 0.00 **2017 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.79

RUC Recommendation: 1.50

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Est Medicare Utilization:** 82

2007 Work RVU: 0.00 **2017 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2017 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **Referred to CPT**

Result: Decrease

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

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Est Medicare Utilization:** 6,782

2007 Work RVU: 0.00 **2017 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU 1.3 **2017 Fac PE RVU:** 0.58

RUC Recommendation: 1.15 **Referred to CPT**

Result: Decrease

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

92626 **Evaluation of auditory rehabilitation status; first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Est Medicare Utilization:** 26,007

2007 Work RVU: 0.00 **2017 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.72

RUC Recommendation: Develop CPT Assistant article. Review October 2017 **Referred to CPT**

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Est Medicare Utilization:** 7,478

2007 Work RVU: 0.00 **2017 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU 0.52 **2017 Fac PE RVU:**0.17

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Est Medicare Utilization:** 14

2007 Work RVU: 0.00 **2017 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2017 NF PE RVU:** 1.33
2007 Fac PE RVU 1.4 **2017 Fac PE RVU:**0.89

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 Est Medicare Utilization:** 25,176

2007 Work RVU: **2017 Work RVU:** 9.85
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.40

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,837

2007 Work RVU: **2017 Work RVU:** 11.74
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.05

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:** 255,380

2007 Work RVU: **2017 Work RVU:** 10.96
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.77

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 4.44 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:** 13,781

2007 Work RVU: **2017 Work RVU:** 12.29
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.23

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 5.50 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:** 21,320

2007 Work RVU: **2017 Work RVU:** 10.95
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.77

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:** 46,735

2007 Work RVU: **2017 Work RVU:** 12.31
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.24

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

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 Est Medicare Utilization:** 8,563

RUC Recommendation: 12.32

Referred to CPT October 2011

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

2007 Work RVU: **2017 Work RVU:** 12.31

2007 NF PE RVU: **2017 NF PE RVU:** NA

2007 Fac PE RVU **2017 Fac PE RVU:** 4.24

Result: Decrease

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 Est Medicare Utilization:**

RUC Recommendation: 6.00

Referred to CPT October 2011

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

2007 Work RVU: **2017 Work RVU:** 0.00

2007 NF PE RVU: **2017 NF PE RVU:** 0.00

2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:** 178,953

RUC Recommendation: 2.25

Referred to CPT

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

2007 Work RVU: 2.25 **2017 Work RVU:** 2.00

2007 NF PE RVU: 5.83 **2017 NF PE RVU:** 2.35

2007 Fac PE RVU 1.25 **2017 Fac PE RVU:** 1.00

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Est Medicare Utilization:** 2,391

2007 Work RVU: 3.28 **2017 Work RVU:** 3.28
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2017 Fac PE RVU:** 1.13

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

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 14.82 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 6.65 **2017 Fac PE RVU:**

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

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 4.16 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.8 **2017 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 10.96 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.97 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 2.97 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.28 **2017 Fac PE RVU:**

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

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:** 3,684

2007 Work RVU: 22.70 **2017 Work RVU:** 22.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2017 Fac PE RVU:** 10.60

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

Status Report: CMS Requests and Relativity Assessment Issues

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 12.07 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.45 **2017 Fac PE RVU:**

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

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 3.26 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.41 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 12,273,288

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 446,526

RUC Recommendation: 0.00

Referred to CPT

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

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2017 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 19,114,532

RUC Recommendation: 0.17

Referred to CPT

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

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2017 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2017 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 Est 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 **2017 Work RVU:**
2007 NF PE RVU: 5.55 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**
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 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2017 Work RVU:**
2007 NF PE RVU: 0.2 **2017 NF PE RVU:**
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:** 1,106,802

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2017 NF PE RVU:** 1.37
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.75. CPT Assistant published. **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Est Medicare Utilization:** 1,157,966

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2017 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2017 Fac PE RVU:**0.16

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:** 89,750

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,341,200

2007 Work RVU: 0.30 **2017 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU 0.12 **2017 Fac PE RVU:** 0.11

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 Est Medicare Utilization:** 401

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2017 NF PE RVU:** 3.81
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 123,500

2007 Work RVU: 0.16 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2017 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 13,306

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 447,621

2007 Work RVU: 0.16 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2017 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**0.04

RUC Recommendation: 0.15

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Est Medicare Utilization:** 378,210

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 128,780

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2017 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 173,720

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2017 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 400,033

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.22
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.22

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 Est Medicare Utilization:** 109,390

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.19
2007 Fac PE RVU **2017 Fac PE RVU:**0.19

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

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

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Est Medicare Utilization:** 197,276

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 20.25
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Contractor Priced **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2017 Work RVU:**
2007 NF PE RVU: 3.49 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 1.37 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 1.92 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2017 Work RVU:**
2007 NF PE RVU: 0.2 **2017 NF PE RVU:**
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2017 Work RVU:**
2007 NF PE RVU: 0.18 **2017 NF PE RVU:**
2007 Fac PE RVU 0.18 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 15,913

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2017 NF PE RVU:** 5.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Est Medicare Utilization:** 57,237

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1 **2017 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2017 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:**

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 Est Medicare Utilization:** 80,343

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2017 NF PE RVU:** 4.77
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 114,754

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2017 NF PE RVU:** 0.18
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:** 0.18

RUC Recommendation: 0.52

Referred to CPT February 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Est Medicare Utilization:** 194,004

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.74
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 1,091,351

2007 Work RVU: **2017 Work RVU:** 0.77
2007 NF PE RVU: **2017 NF PE RVU:** 0.84
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 61,532

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 1.00
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 145,221

2007 Work RVU: **2017 Work RVU:** 0.85
2007 NF PE RVU: **2017 NF PE RVU:** 0.90
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 273,129

2007 Work RVU: **2017 Work RVU:** 1.15
2007 NF PE RVU: **2017 NF PE RVU:** 1.11
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 288,736

2007 Work RVU: **2017 Work RVU:** 1.25
2007 NF PE RVU: **2017 NF PE RVU:** 1.25
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 28,056

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 13,255

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.45
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 10,952

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.56
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 324,117

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.60
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 135,374

2007 Work RVU: **2017 Work RVU:** 0.92
2007 NF PE RVU: **2017 NF PE RVU:** 0.90
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 131,750

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.43
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 51,954

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.58
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 1,373

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.46
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 176,735

2007 Work RVU: **2017 Work RVU:** 0.32
2007 NF PE RVU: **2017 NF PE RVU:** 1.18
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 760,416

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.27
2007 Fac PE RVU **2017 Fac PE RVU:** 0.27

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 Est Medicare Utilization: 488,097

2007 Work RVU: **2017 Work RVU:** 1.29
2007 NF PE RVU: **2017 NF PE RVU:** 0.54
2007 Fac PE RVU **2017 Fac PE RVU:** 0.54

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 Est Medicare Utilization: 930,397

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.73
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization: 282,071

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.20
2007 Fac PE RVU **2017 Fac PE RVU:** 0.20

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 Est Medicare Utilization:** 296,968

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.21
2007 Fac PE RVU **2017 Fac PE RVU:** 0.21

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Est Medicare Utilization:** 331,680

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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:**

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 Est Medicare Utilization:** 7,290,071

2007 Work RVU: **2017 Work RVU:** 1.30
2007 NF PE RVU: **2017 NF PE RVU:** 5.08
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Est Medicare Utilization:** 35,472

2007 Work RVU: 0.92 **2017 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2017 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 301,323

2007 Work RVU: 0.53 **2017 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2017 NF PE RVU:** 2.97
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 345,376

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2017 NF PE RVU:** 1.14
2007 Fac PE RVU 1.82 **2017 Fac PE RVU:** NA

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: October 2013

2016 Est Medicare Utilization: 173,635

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2017 NF PE RVU:** 0.61
2007 Fac PE RVU 1.04 **2017 Fac PE RVU:** NA

RUC Recommendation: 0.15

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2016 Est Medicare Utilization: 519,035

2007 Work RVU: 0.07 **2017 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2017 NF PE RVU:** 0.65
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:** NA

RUC Recommendation: 0.07

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008

2016 Est Medicare Utilization: 111,056

2007 Work RVU: 1.48 **2017 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2017 NF PE RVU:** 5.27
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 261,035

2007 Work RVU: **2017 Work RVU:** 1.75
2007 NF PE RVU: **2017 NF PE RVU:** 5.82
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 41,148

2007 Work RVU: **2017 Work RVU:** 2.47
2007 NF PE RVU: **2017 NF PE RVU:** 17.56
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 3.02 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 5,331

2007 Work RVU: **2017 Work RVU:** 4.50
2007 NF PE RVU: **2017 NF PE RVU:** 18.00
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 3,377

2007 Work RVU: **2017 Work RVU:** 5.99
2007 NF PE RVU: **2017 NF PE RVU:** 23.12
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 111,284

2007 Work RVU: **2017 Work RVU:** 4.54
2007 NF PE RVU: **2017 NF PE RVU:** 18.25
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 28,337

2007 Work RVU: **2017 Work RVU:** 5.29
2007 NF PE RVU: **2017 NF PE RVU:** 21.36
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 16,746

2007 Work RVU: **2017 Work RVU:** 5.90
2007 NF PE RVU: **2017 NF PE RVU:** 22.89
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 6.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 3,293

2007 Work RVU: **2017 Work RVU:** 6.64
2007 NF PE RVU: **2017 NF PE RVU:** 25.97
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 530,813

2007 Work RVU: **2017 Work RVU:** 5.60
2007 NF PE RVU: **2017 NF PE RVU:** 21.81
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 108,513

2007 Work RVU: **2017 Work RVU:** 6.35
2007 NF PE RVU: **2017 NF PE RVU:** 24.01
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 92,431

2007 Work RVU: **2017 Work RVU:** 7.10
2007 NF PE RVU: **2017 NF PE RVU:** 25.57
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 16,534

2007 Work RVU: **2017 Work RVU:** 7.85
2007 NF PE RVU: **2017 NF PE RVU:** 29.60
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 4,922

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 1.51
2007 Fac PE RVU **2017 Fac PE RVU:** 1.51

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 Est Medicare Utilization:** 6,817

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.69
2007 Fac PE RVU **2017 Fac PE RVU:** 0.69

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 Est Medicare Utilization:** 725

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 5.34
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Est Medicare Utilization:** 90,234

2007 Work RVU: 0.00 **2017 Work RVU:** 2.91
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.53

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 211

2007 Work RVU: **2017 Work RVU:** 1.11
2007 NF PE RVU: **2017 NF PE RVU:** 0.38
2007 Fac PE RVU **2017 Fac PE RVU:** 0.38

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 Est Medicare Utilization:** 7

2007 Work RVU: **2017 Work RVU:** 1.13
2007 NF PE RVU: **2017 NF PE RVU:** 0.40
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

RUC Recommendation: 2.10 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 120

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 0.30
2007 Fac PE RVU **2017 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Est Medicare Utilization:** 527

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 3.53
2007 Fac PE RVU **2017 Fac PE RVU:** 0.30

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 Est Medicare Utilization:** 38,259

2007 Work RVU: **2017 Work RVU:** 0.97
2007 NF PE RVU: **2017 NF PE RVU:** 2.68
2007 Fac PE RVU **2017 Fac PE RVU:** 0.34

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2016 Est Medicare Utilization: 1,842

RUC Recommendation: 0.98

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2017 Work RVU:** 0.88
2007 NF PE RVU:	**2017 NF PE RVU:** 3.03
2007 Fac PE RVU	**2017 Fac PE RVU:** 0.31

Result: Decrease

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2016

2016 Est Medicare Utilization: 58,655

RUC Recommendation: Survey October 2017

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00	**2017 Work RVU:** 0.00
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU NA	**2017 Fac PE RVU:** NA

Result:

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac 3D Mapping add-on **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 24 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2008

2016 Est Medicare Utilization: 59,973

RUC Recommendation: 5.23

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.99	**2017 Work RVU:** 6.99
2007 NF PE RVU: NA	**2017 NF PE RVU:** NA
2007 Fac PE RVU 3.03	**2017 Fac PE RVU:** 2.98

Result: Decrease

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 Est Medicare Utilization:** 11,616

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

RUC Recommendation: 11.57

Referred to CPT October 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Est Medicare Utilization:** 28,841

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 16.23 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 6.96 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 17.65 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 7.58 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Est Medicare Utilization:** 31,937

2007 Work RVU: **2017 Work RVU:** 14.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 6.20

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 Est Medicare Utilization:** 6,613

2007 Work RVU: **2017 Work RVU:** 19.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 8.30

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 Est Medicare Utilization:** 19,157

2007 Work RVU: **2017 Work RVU:** 7.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.17

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 Est Medicare Utilization:** 35,944

2007 Work RVU: **2017 Work RVU:** 19.77
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 8.39

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 Est Medicare Utilization:** 14,615

2007 Work RVU: **2017 Work RVU:** 7.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.14
Result: Decrease

RUC Recommendation: 10.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Est Medicare Utilization:** 40,693

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Est Medicare Utilization:** 40,511

2007 Work RVU: 0.17 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2017 Work RVU:**
2007 NF PE RVU: 0.7 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93732 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.92 **2017 Work RVU:**
2007 NF PE RVU: 0.94 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.83 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.03 **2017 Work RVU:**
2007 NF PE RVU: 1.15 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.18 **2017 Work RVU:**
2007 NF PE RVU: 1.19 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2017 Work RVU:**
2007 NF PE RVU: 2.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 2,441,666

2007 Work RVU: 0.60 **2017 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2017 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2016 Est Medicare Utilization:** 40,109

2007 Work RVU: 0.40 **2017 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2017 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 94,052

2007 Work RVU: 0.94 **2017 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2017 NF PE RVU:** 6.82
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 12,298

2007 Work RVU: 0.62 **2017 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2017 NF PE RVU:** 3.69
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2016 Est Medicare Utilization:** 674,155

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2016 Est Medicare Utilization:** 474,059

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2017 NF PE RVU:** 3.38
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2016 Est Medicare Utilization:** 80,660

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2017 NF PE RVU:** 4.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.50

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 600,945

2007 Work RVU: 0.58 **2017 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2017 NF PE RVU:** 6.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 244,723

2007 Work RVU: 0.39 **2017 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2017 NF PE RVU:** 3.73
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 23,546

2007 Work RVU: 0.46 **2017 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2017 NF PE RVU:** 4.99
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 45,028

2007 Work RVU: 0.31 **2017 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2017 NF PE RVU:** 3.08
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 90,451

2007 Work RVU: 0.35 **2017 Work RVU:**
2007 NF PE RVU: 2.83 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Est Medicare Utilization:** 1,658,154

2007 Work RVU: 0.68 **2017 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2017 NF PE RVU:** 4.80
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,757,242

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2017 NF PE RVU:** 2.91
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2016 Est Medicare Utilization:** 204,368

2007 Work RVU: 1.80 **2017 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2017 NF PE RVU:** 6.70
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 149,667

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.21 **2017 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2017 NF PE RVU:** 3.77
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Decrease

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 Est Medicare Utilization:** 300,261

RUC Recommendation: 0.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.65 **2017 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2017 NF PE RVU:** 4.49
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
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 Est Medicare Utilization:** 67,597

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.44 **2017 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 2.82
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Est Medicare Utilization:** 50

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2016 Est Medicare Utilization:** 118,251

2007 Work RVU: 0.25 **2017 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2017 NF PE RVU:** 3.91
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,300,778

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 288

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 159

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 7,863

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2017 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2017 Fac PE RVU:**0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,231,807

2007 Work RVU: 0.31 **2017 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2017 NF PE RVU:** 1.43
2007 Fac PE RVU 1.13 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 and CPT Assistant article published

Referred to CPT
Result: Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.7 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.13 **2017 Work RVU:**
2007 NF PE RVU: 0.63 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.73 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.77 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.69 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Est Medicare Utilization:** 1,377

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2017 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 124

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2017 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2016 Est Medicare Utilization:** 269,049

2007 Work RVU: 0.64 **2017 Work RVU:** 0.64
2007 NF PE RVU: 2.06 **2017 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94621 **Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2016 Est Medicare Utilization:** 18,603

2007 Work RVU: 1.42 **2017 Work RVU:** 1.42
2007 NF PE RVU: 2.45 **2017 NF PE RVU:** 3.10
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Est Medicare Utilization:** 636,013

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2017 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 18,464

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2016 Est Medicare Utilization:** 11,963

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2017 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

946X2

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.70

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

946X3

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.48

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 1.04 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 2.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance** **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 649,713

2007 Work RVU: **2017 Work RVU:** 0.26
2007 NF PE RVU: **2017 NF PE RVU:** 1.21
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2016 Est Medicare Utilization:** 374,276

2007 Work RVU: **2017 Work RVU:** 0.26

2007 NF PE RVU: **2017 NF PE RVU:** 0.91

2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 9,303

2007 Work RVU: **2017 Work RVU:** 0.26

2007 NF PE RVU: **2017 NF PE RVU:** 0.84

2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2016 Est Medicare Utilization:** 1,089,499

2007 Work RVU: **2017 Work RVU:** 0.19

2007 NF PE RVU: **2017 NF PE RVU:** 1.33

2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.19

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 59,080

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2017 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 12,753

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2017 NF PE RVU:** 0.12
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 280,690

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 4,675

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2017 NF PE RVU:** NA
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2016 Est Medicare Utilization:** 10,924,694

2007 Work RVU: 0.00 **2017 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2017 Work RVU:**
2007 NF PE RVU: 0.31 **2017 NF PE RVU:**
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2017 Work RVU:**
2007 NF PE RVU: 0.16 **2017 NF PE RVU:**
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2016 Est Medicare Utilization:** 28,052

2007 Work RVU: **2017 Work RVU:** 0.07
2007 NF PE RVU: **2017 NF PE RVU:** 0.14
2007 Fac PE RVU **2017 Fac PE RVU:** 0.02

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2016 Est Medicare Utilization:** 92,635

2007 Work RVU: **2017 Work RVU:** 0.14
2007 NF PE RVU: **2017 NF PE RVU:** 0.43
2007 Fac PE RVU **2017 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2016 Est Medicare Utilization:** 1,825,349

2007 Work RVU: 0.00 **2017 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.01

RUC Recommendation: New PE Inputs. Submit action plan.

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 Est Medicare Utilization:** 303,643

2007 Work RVU: 0.00 **2017 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,161,016

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU 0.29 **2017 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

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 Est Medicare Utilization:** 2,692,738

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2016 Est Medicare Utilization:** 180,669

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.30
2007 Fac PE RVU 0.02 **2017 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 Est Medicare Utilization:** 17,751

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 1.88
2007 Fac PE RVU 0.03 **2017 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2016 Est Medicare Utilization:** 7,295,388

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.30
2007 Fac PE RVU 0.02 **2017 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2016 Est Medicare Utilization:** 38,592

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2017 NF PE RVU:** 4.41
2007 Fac PE RVU NA **2017 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:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2016 Est Medicare Utilization:** 48,244

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.34
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.34

RUC Recommendation: 0.70 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

9525X **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: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: PE Only. Referral to CPT and CPT Assistant **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Est Medicare Utilization:** 15,664

2007 Work RVU: **2017 Work RVU:** 1.05
2007 NF PE RVU: **2017 NF PE RVU:** 3.93
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Est Medicare Utilization:** 824

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.52
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 453

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 3.03
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Est Medicare Utilization:** 3,765

2007 Work RVU: 1.88 **2017 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2017 NF PE RVU:** 10.77
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease
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 Est Medicare Utilization:** 49,696

2007 Work RVU: 1.66 **2017 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease
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 Est Medicare Utilization:** 4,486

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.66 **2017 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2017 NF PE RVU:** 11.73
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 525

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.65 **2017 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2017 NF PE RVU:** 16.18
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 308,090

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.52 **2017 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2017 NF PE RVU:** 14.89
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 376,212

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.79 **2017 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2017 NF PE RVU:** 15.66
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 27,094

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2017 NF PE RVU:** 7.99
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 27,346

2007 Work RVU: 1.73 **2017 Work RVU:** 1.63
2007 NF PE RVU: 5.4 **2017 NF PE RVU:** 9.78
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 287,796

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2017 NF PE RVU:** 9.04
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 237,056

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2017 NF PE RVU:** 10.56
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 28,023

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2017 NF PE RVU:** 9.43
2007 Fac PE RVU NA **2017 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 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Est Medicare Utilization:** 87,972

2007 Work RVU: 0.28 **2017 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.57
2007 Fac PE RVU 0.12 **2017 Fac PE RVU:**0.13

RUC Recommendation: Review utilization October 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2016 Est Medicare Utilization:** 3,647

2007 Work RVU: 0.96 **2017 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2017 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 38,961

2007 Work RVU: 1.54 **2017 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 3.28
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 278

2007 Work RVU: 1.87 **2017 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2017 NF PE RVU:** 4.21
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 3,202

2007 Work RVU: 1.99 **2017 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2017 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,246

2007 Work RVU: 0.79 **2017 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2017 NF PE RVU:** 1.90
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 2,223

2007 Work RVU: 1.18 **2017 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2017 NF PE RVU:** 2.55
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 552

2007 Work RVU: 0.37 **2017 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2017 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?** No

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2016 Est Medicare Utilization:** 40,888

2007 Work RVU: 0.37 **2017 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.37. Submit action plan **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 Est Medicare Utilization:** 140,838

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 1.29
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2016 Est Medicare Utilization:** 954,745

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 1.68
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 13,289

2007 Work RVU: **2017 Work RVU:** 0.71
2007 NF PE RVU: **2017 NF PE RVU:** 1.53
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2017 Work RVU:**
2007 NF PE RVU: 1.18 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2017 Work RVU:**
2007 NF PE RVU: 1.15 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.34 **2017 Work RVU:**
2007 NF PE RVU: 1.03 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 9,638

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.70
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Est Medicare Utilization:** 70,298

2007 Work RVU: **2017 Work RVU:** 1.25
2007 NF PE RVU: **2017 NF PE RVU:** 2.23
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 144,475

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 2.65
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 167,996

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 3.48
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Est Medicare Utilization:** 174,920

2007 Work RVU: **2017 Work RVU:** 2.50
2007 NF PE RVU: **2017 NF PE RVU:** 4.03
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 81,578

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.19
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 89,897

2007 Work RVU: **2017 Work RVU:** 3.56
2007 NF PE RVU: **2017 NF PE RVU:** 4.69
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2016 Est Medicare Utilization:** 41,624

2007 Work RVU: 0.90 **2017 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2017 NF PE RVU:** 1.46
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,880

2007 Work RVU: 0.96 **2017 Work RVU:** 0.96
2007 NF PE RVU: 1 **2017 NF PE RVU:** 1.82
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 118,570

2007 Work RVU: 0.90 **2017 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2017 NF PE RVU:** 3.03
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2016 Est Medicare Utilization:** 18,965

2007 Work RVU: **2017 Work RVU:** 1.73
2007 NF PE RVU: **2017 NF PE RVU:** 2.47
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.73 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 9,323

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2017 NF PE RVU:** 3.33
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 9,961

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2017 NF PE RVU:** 3.21
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 314

2007 Work RVU: 1.50 **2017 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2017 NF PE RVU:** 4.45
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,445

2007 Work RVU: 1.50 **2017 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2017 NF PE RVU:** 4.64
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) testing central nervous system, checkerboard or flash**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2016 Est Medicare Utilization:** 86,278

2007 Work RVU: 0.35 **2017 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2017 NF PE RVU:** 3.28
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: 0.51 **2017 Work RVU:**
2007 NF PE RVU: 0.55 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.55 **2017 Work RVU:**
2007 NF PE RVU: 0.49 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: **2016 Est Medicare Utilization:** 71,884

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 8.75
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 29,561

2007 Work RVU: **2017 Work RVU:** 2.25
2007 NF PE RVU: **2017 NF PE RVU:** 11.87
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 14,870

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.28

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:** 31,683

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 787

2007 Work RVU: 1.51 **2017 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2017 NF PE RVU:** 7.81
2007 Fac PE RVU NA **2017 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:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Est Medicare Utilization:** 142,929

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **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 Est Medicare Utilization:** 22,807

2007 Work RVU: 3.30 **2017 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2017 NF PE RVU:** 8.71
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,094

2007 Work RVU: 2.45 **2017 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2017 NF PE RVU:** 10.16
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 4,823

2007 Work RVU: 3.08 **2017 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2017 NF PE RVU:** 42.06
2007 Fac PE RVU NA **2017 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

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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 Est Medicare Utilization:** 61,123

2007 Work RVU: 1.98 **2017 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2017 NF PE RVU:** 6.52
2007 Fac PE RVU NA **2017 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:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2016 Est Medicare Utilization:** 34,754

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.20

RUC Recommendation: Refer to CPT **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:** Analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** October 2009 **2016 Est Medicare Utilization:** 19,170

2007 Work RVU: 0.78 **2017 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.58
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.78 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2016 Est Medicare Utilization:** 54,361

2007 Work RVU: 1.50 **2017 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU 0.48 **2017 Fac PE RVU:** 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.92 **2017 Work RVU:**
2007 NF PE RVU: 0.61 **2017 NF PE RVU:**
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Est Medicare Utilization:** 12,746

2007 Work RVU: 3.00 **2017 Work RVU:** 3.00
2007 NF PE RVU: 1.65 **2017 NF PE RVU:** 2.60
2007 Fac PE RVU 1.19 **2017 Fac PE RVU:**1.39

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
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:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Est Medicare Utilization:** 204

2007 Work RVU: 1.70 **2017 Work RVU:** 1.70
2007 NF PE RVU: 0.86 **2017 NF PE RVU:** 1.32
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.80

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Est Medicare Utilization:** 35,411

2007 Work RVU: 3.50 **2017 Work RVU:** 3.50
2007 NF PE RVU: 1.91 **2017 NF PE RVU:** 3.22
2007 Fac PE RVU 1.24 **2017 Fac PE RVU:**1.63

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

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95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Est Medicare Utilization:** 5,752

2007 Work RVU: 1.64 **2017 Work RVU:** 1.64
2007 NF PE RVU: 0.84 **2017 NF PE RVU:** 1.28
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:** 0.77

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
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:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Est Medicare Utilization:** 449

2007 Work RVU: **2017 Work RVU:** 0.80
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: Refer to CPT **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:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Est Medicare Utilization:** 712

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.57
2007 Fac PE RVU **2017 Fac PE RVU:** 0.17

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Est Medicare Utilization:** 1,208

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.76
2007 Fac PE RVU **2017 Fac PE RVU:** 0.30

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2016 Est Medicare Utilization:** 3,336

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 2.53
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2016 Est Medicare Utilization:** 13,376

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.30

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2016 Est Medicare Utilization:** 209,767

2007 Work RVU: 1.86 **2017 Work RVU:** 1.86
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.32
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**0.30

RUC Recommendation: Refer to 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?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2016 Est Medicare Utilization:** 45,063

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.8 **2017 NF PE RVU:** 1.22
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:**0.14

RUC Recommendation: Refer to 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?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2016 Est Medicare Utilization:** 172,190

2007 Work RVU: 0.51 **2017 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2017 NF PE RVU:** 0.23
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:**0.20

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** January 2016 **2016 Est Medicare Utilization:** 463

2007 Work RVU: 0.00 **2017 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2017 NF PE RVU:** 1.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT. 1.75 **Referred to CPT** June 2017 **Result:** Increase
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?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.18 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** January 2017 **2016 Est Medicare Utilization:** 872

2007 Work RVU: 2.60 **2017 Work RVU:** 2.60
2007 NF PE RVU: 0.96 **2017 NF PE RVU:** 0.97
2007 Fac PE RVU .92 **2017 Fac PE RVU:**0.80

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** July 2015 **2016 Est Medicare Utilization:** 151,662

2007 Work RVU: 1.86 **2017 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2017 NF PE RVU:** 0.65
2007 Fac PE RVU 0.59 **2017 Fac PE RVU:**0.49

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
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?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2016 Est Medicare Utilization:** 666,364

2007 Work RVU: 1.86 **2017 Work RVU:** 1.86
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 0.82
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**0.29

RUC Recommendation: Refer to 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?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2016 Est Medicare Utilization:** 178,159

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.67
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:**0.10

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2016 Est Medicare Utilization:** 28,718

2007 Work RVU: 0.51 **2017 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:**0.19

RUC Recommendation: Refer to 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?** No

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** January 2016 **2016 Est Medicare Utilization:** 2,373

2007 Work RVU: **2017 Work RVU:** 1.70
2007 NF PE RVU: **2017 NF PE RVU:** 1.51
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** January 2016 **2016 Est Medicare Utilization:** 20,351

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.15
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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: **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Est Medicare Utilization:** 17,561

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.08
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.07

RUC Recommendation: Submit action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:** 240,320

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 1.43
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 539,798

2007 Work RVU: **2017 Work RVU:** 0.09
2007 NF PE RVU: **2017 NF PE RVU:** 0.33
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.09

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 1,300,978

2007 Work RVU: **2017 Work RVU:** 0.21
2007 NF PE RVU: **2017 NF PE RVU:** 1.70
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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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 Est Medicare Utilization:** 631,237

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.34
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 1,697,814

2007 Work RVU: **2017 Work RVU:** 0.19
2007 NF PE RVU: **2017 NF PE RVU:** 0.66
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2016 Est Medicare Utilization:** 146,857

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.40
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 9,582,177

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.54
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 278,828

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 1.40
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 1,466,826

2007 Work RVU: **2017 Work RVU:** 0.10
2007 NF PE RVU: **2017 NF PE RVU:** 0.52
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT

Referred to CPT June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X1

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT

Referred to CPT June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

963X2

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X3

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X4

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X5

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

963X6 **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017
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 Est Medicare Utilization:** 796,663

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 1.34 **2017 NF PE RVU:** 1.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.21 **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 397,195

2007 Work RVU: 0.19 **2017 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 4,054

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2017 NF PE RVU:** 1.76
2007 Fac PE RVU 0.24 **2017 Fac PE RVU:** 0.31
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

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 Est Medicare Utilization:** 388

2007 Work RVU: 0.80 **2017 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2017 NF PE RVU:** 2.53
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**0.47

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

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 Est Medicare Utilization:** 131,505

2007 Work RVU: 0.24 **2017 Work RVU:** 0.24
2007 NF PE RVU: 2.88 **2017 NF PE RVU:** 2.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 195,979

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,880,098

2007 Work RVU: 0.28 **2017 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2017 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.28 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2016 Est Medicare Utilization:** 968,486

2007 Work RVU: 0.19 **2017 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2017 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 111,434

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2017 NF PE RVU:** 3.65
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 444,516

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2017 NF PE RVU:** 1.59
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 50

2007 Work RVU: 2.37 **2017 Work RVU:** 2.12
2007 NF PE RVU: 7.48 **2017 NF PE RVU:** 19.41
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:** 0.99

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Est Medicare Utilization:** 145,873

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2017 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 415,026

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.24 **2017 NF PE RVU:** 2.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Est Medicare Utilization:** 121,992

2007 Work RVU: 1.15 **2017 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.71

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Est Medicare Utilization:** 32,441

2007 Work RVU: 1.17 **2017 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2017 NF PE RVU:** 3.49
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm** **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Est Medicare Utilization:** 18,147

2007 Work RVU: 2.10 **2017 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2017 NF PE RVU:** 4.50
2007 Fac PE RVU 0.73 **2017 Fac PE RVU:** 1.27

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96X73 **Global:** **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD **First Identified:** January 2017 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

96X74 **Global:** **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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

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 Est Medicare Utilization:** 2,757,410

2007 Work RVU: 1.20 **2017 Work RVU:**
2007 NF PE RVU: 0.73 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 566,186

2007 Work RVU: 0.60 **2017 Work RVU:**
2007 NF PE RVU: 0.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 205,250

2007 Work RVU: 1.20 **2017 Work RVU:**
2007 NF PE RVU: 0.86 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 30,923

2007 Work RVU: 0.60 **2017 Work RVU:**
2007 NF PE RVU: 0.64 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 41 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.06 **2017 NF PE RVU:** 0.10
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review work and PE October 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Est Medicare Utilization:** 593,476

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.13 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.19 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 593,618

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2017 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2016 Est Medicare Utilization:** 145,656

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 184,384

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.24 **2017 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,070,366

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Est Medicare Utilization:** 81,884

2007 Work RVU: 0.26 **2017 Work RVU:** 0.26
2007 NF PE RVU: 0.31 **2017 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 7,982

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 0.16 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 2,684,164

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2017 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2016 Est Medicare Utilization:** 54,174,582

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

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 Est Medicare Utilization:** 11,473,605

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2017 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 1,800,416

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44

2007 NF PE RVU: 0.43 **2017 NF PE RVU:** 0.77

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Est Medicare Utilization: 2,025,624

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40

2007 NF PE RVU: 0.25 **2017 NF PE RVU:** 0.39

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Est Medicare Utilization: 25,664,263

2007 Work RVU: 0.43 **2017 Work RVU:** 0.43

2007 NF PE RVU: 0.26 **2017 NF PE RVU:** 0.41

2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.43

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 1,084,516

2007 Work RVU: 0.27 **2017 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2017 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.98
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.98
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.98
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 0.73
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 0.65
2007 Fac PE RVU **2017 Fac PE RVU:** NA

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 Est Medicare Utilization:** 11,055,859

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 276,625

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.30
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.16

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 Est Medicare Utilization:** 10,316

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.25 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,246,167

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2017 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 6,106

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.27 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 37,408

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2017 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: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 1,022,492

2007 Work RVU: 0.58 **2017 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 1.60
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**0.13

RUC Recommendation: Review 2017. 0.54 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2016 Est Medicare Utilization:** 135,288

2007 Work RVU: 0.80 **2017 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 0.45
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**0.06

RUC Recommendation: Review 2017. 0.40 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** **2016 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2016 Est Medicare Utilization:** 46,135

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU 0.2 **2017 Fac PE RVU:**0.14

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2016 Est Medicare Utilization:** 13,480

2007 Work RVU: 0.60 **2017 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2017 NF PE RVU:** 0.76
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.15

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2016 Est Medicare Utilization:** 2,361

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2016 Est Medicare Utilization:** 616

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** **2016 Est Medicare Utilization:** 3,025

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 3.03
2007 Fac PE RVU **2017 Fac PE RVU:** 0.09

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2016 Est Medicare Utilization:** 3,311

2007 Work RVU: 0.62 **2017 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2016 Est Medicare Utilization:** 66,213

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.36 **2017 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2017 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 training, upper and/or lower extremity(s), each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2016 Est Medicare Utilization:** 7,497

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.29 **2017 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 16,037

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.5 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

977X1 **Global:** **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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 Est Medicare Utilization:** 224,454

2007 Work RVU: 0.45 **2017 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2017 NF PE RVU:** 0.43
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes** **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2016 Est Medicare Utilization:** 198,124

2007 Work RVU: 0.37 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:** 0.31

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97X11

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.50

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:** 74,380

2007 Work RVU: 0.45 **2017 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2016 Est Medicare Utilization:** 118,405

2007 Work RVU: 0.65 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.27

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Est Medicare Utilization:** 98,645

2007 Work RVU: 0.87 **2017 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU 0.28 **2017 Fac PE RVU:**0.34

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Est Medicare Utilization:** 98,025

2007 Work RVU: 1.03 **2017 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.42

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2016 Est Medicare Utilization:** 64,849

2007 Work RVU: 1.19 **2017 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.93
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.52

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 Est Medicare Utilization:** 6,481,703

2007 Work RVU: 0.45 **2017 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2017 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **2017 Fac PE RVU:**0.16

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 Est Medicare Utilization:** 13,571,498

2007 Work RVU: 0.65 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2017 NF PE RVU:** 0.42
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:**0.25

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 Est Medicare Utilization:** 1,011,559

2007 Work RVU: 0.87 **2017 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2017 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.34

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 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2017 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.18

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 Est Medicare Utilization:** 18

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 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

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 Est Medicare Utilization:** 511,419

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 4

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 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

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 Est Medicare Utilization:** 5,075

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

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 Est Medicare Utilization:** 614

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 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

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.63
2007 Fac PE RVU **2017 Fac PE RVU:** 0.12

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.25
2007 NF PE RVU: **2017 NF PE RVU:** 1.18
2007 Fac PE RVU **2017 Fac PE RVU:** 0.08

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.56

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.65
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

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 Est Medicare Utilization:** 485,336

2007 Work RVU: 2.34 **2017 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2017 NF PE RVU:** 0.78
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:** 0.78

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

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 Est Medicare Utilization:**

2007 Work RVU: 1.65 **2017 Work RVU:** 1.65
2007 NF PE RVU: 1.29 **2017 NF PE RVU:** 1.83
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.63

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 Est Medicare Utilization:**

2007 Work RVU: 0.63 **2017 Work RVU:** 0.63
2007 NF PE RVU: 0.38 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:**0.24

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 Est Medicare Utilization:**

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.35 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU 1.26 **2017 Fac PE RVU:**0.66

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.64 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU 1.56 **2017 Fac PE RVU:**0.66

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

993X1

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2016 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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

993X2

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.18

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS

First Identified: January 2014 **2016 Est Medicare Utilization:** 619,658

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.72
2007 Fac PE RVU **2017 Fac PE RVU:** 0.58

RUC Recommendation: Review in 3 years and refer to CPT Assistant

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Result:

Status Report: CMS Requests and Relativity Assessment Issues

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2016 Est Medicare Utilization:** 11,982

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 0.54
2007 Fac PE RVU **2017 Fac PE RVU:** 0.54

RUC Recommendation: Review in 3 years and refer to CPT Assistant

Referred to CPT **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

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 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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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:**

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 Est Medicare Utilization:** 1,035,704

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.30

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

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 Est Medicare Utilization:** 44,948

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.37 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**0.07

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 Est Medicare Utilization:** 2,479

2007 Work RVU: 0.96 **2017 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2017 NF PE RVU:** 3.78
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**0.68

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 Est Medicare Utilization:** 247,626

2007 Work RVU: 3.69 **2017 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2017 NF PE RVU:** 5.26
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**1.71

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes** **Global:** XXX **Issue:** 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 Est Medicare Utilization:** 150,654

2007 Work RVU: 0.00 **2017 Work RVU:** 0.90
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 113,278

2007 Work RVU: 0.00 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 Est Medicare Utilization:** 262,310

2007 Work RVU: 3.69 **2017 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2017 NF PE RVU:** 5.26
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**1.71

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 Est Medicare Utilization:** 928,192

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2017 Fac PE RVU:**0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 144,528

2007 Work RVU: 0.07 **2017 Work RVU:** 0.07
2007 NF PE RVU: 3.81 **2017 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: XXX **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 Est Medicare Utilization:** 39,258

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 1.84 **2017 NF PE RVU:** 2.39
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:** 0.29

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 1,014,908

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,247,056

2007 Work RVU: 0.67 **2017 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2016 Est Medicare Utilization:** 380,936

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2017 NF PE RVU:** 1.20
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0182 **Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Est Medicare Utilization:** 28,654

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.46 **2017 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 5,933,895

2007 Work RVU: 0.70 **2017 Work RVU:** 0.76
2007 NF PE RVU: 2.74 **2017 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Est Medicare Utilization:** 624,686

2007 Work RVU: 0.87 **2017 Work RVU:** 1.00
2007 NF PE RVU: 2.87 **2017 NF PE RVU:** 3.70
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Est Medicare Utilization:** 794,187

2007 Work RVU: 0.70 **2017 Work RVU:** 0.81
2007 NF PE RVU: 2.31 **2017 NF PE RVU:** 2.89
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 98,594

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2017 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2017 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

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 Est Medicare Utilization:** 117,431

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 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

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: January 2016 **2016 Est Medicare Utilization:** 32,183

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 5.8 **2017 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 1,426,001

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2017 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 226,266

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2017 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2017 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 Est Medicare Utilization:** 152,942

2007 Work RVU: 0.61 **2017 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.27

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 Est Medicare Utilization:** 51,978

2007 Work RVU: 0.37 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.31

RUC Recommendation: Remove from screen

Referred to CPT **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 7,589,010

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 104,606

2007 Work RVU: 0.58 **2017 Work RVU:**
2007 NF PE RVU: 1.81 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published

Referred to CPT May 2015
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

Result: Deleted from CPT

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 Est Medicare Utilization:** 429,677

2007 Work RVU: **2017 Work RVU:** 2.43
2007 NF PE RVU: **2017 NF PE RVU:** 2.12
2007 Fac PE RVU **2017 Fac PE RVU:** 1.02

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: No Specialty Society Interest

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 123,188

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.29
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: No Specialty Society Interest

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 Est Medicare Utilization:** 122,742

2007 Work RVU: **2017 Work RVU:** 3.60
2007 NF PE RVU: **2017 NF PE RVU:** 9.97
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Est Medicare Utilization:** 189,702

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,220,199

2007 Work RVU: **2017 Work RVU:** 2.43
2007 NF PE RVU: **2017 NF PE RVU:** 2.26
2007 Fac PE RVU **2017 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:**

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 Est Medicare Utilization:** 5,584,179

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.68
2007 Fac PE RVU **2017 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:**

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 Est Medicare Utilization:** 409,235

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.32
2007 Fac PE RVU **2017 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: No Specialty Society Interest

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 953,563

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.32
2007 Fac PE RVU **2017 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: No Specialty Society Interest

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 226,851

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.25
2007 Fac PE RVU **2017 Fac PE RVU:** 0.19

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: No Specialty Society Interest

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 Est Medicare Utilization:** 378,297

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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:**

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 Est Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 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:**

RUC Referrals to CPT Editoral Panel - Incomplete Issues

10021 **Fine needle aspiration; without imaging guidance**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	April 2016	AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS	June 2017

Background: The specialty societies gave two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies.

10022 **Fine needle aspiration; with imaging guidance**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	April 2016	AACE, ASBS, ASC, CAP, ES, ACR, SIR	June 2017

Background: The specialty societies gave two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies.

27370 **Injection of contrast for knee arthrography**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	October 2016	AAPMR, ACR	June 2017

Background: In October 2016, the RUC went through the long history of trying to address this potentially misvalued service. The specialty societies explained that the high volume growth for this procedure is likely due to its being reported incorrectly as arthrocentesis or aspiration. The correct reporting of those services is CPT code 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance (work RVU= 0.79). The RUC extensively discussed the appropriate options to address the rising inappropriate utilization of this procedure. The RUC noted that deleting this code and then bundling it into the arthrography base procedures would not be ideal because it would involve edits to over 70 codes. The RUC also discussed that this procedure could become an add-on code. However, the RUC came to agreement that this code should be referred to CPT for deletion and replacement of a new code. The members agreed that this is the most efficient way to stem the rising inappropriate volume. The RUC recommends that CPT code 27370 be referred to the CPT Editorial Panel for deletion and be replaced with a new code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36568	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age**	Identified in RUC review of other services	October 2016	ACR, SIR	June 2017

Background: In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36569	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**	CMS High Expenditure Procedural Codes2	October 2016	ACR, SIR	June 2017

Background: In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36584	**Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access**	Identified in RUC review of other services	October 2016	ACR, SIR	June 2017

Background: In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
50395	**Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**	Codes Reported Together 75% or More-Part2	January 2015	ACR, SIR	September 2017

Background: In January 2015, 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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64550	**Application of surface (transcutaneous) neurostimulator**	Final Rule for 2015	January 2017	AANS, CNS, AOTA	June 2017

Background: In September 2016, the CPT Editorial Panel deleted code 64565 to report percutaneous placement of a neuromuscular neurostimulator electrode, and added parenthetical notes to direct users to report the appropriate codes for TENS, PENS, and PNT services throughout the family of codes. Transcutaneous electrical nerve stimulator (TENS) is an electronic device that applies electrical stimulation to the surface of the skin at the site of pain and has been used to relieve chronic intractable pain, post-surgical pain, and pain associated with active or post-trauma injury unresponsive to other standard pain therapies. TENS consist of an electrical pulse generator, usually battery operated, connected by wire to two or more electrodes, which are applied to the surface of the skin at the site of the pain. Occupational Therapy has been identified as the dominant provider of CPT code 64550, however occupational therapy practitioners indicated it is not the best practice for TENS to be used for occupational therapy interventions and as such do not have evidence base in the profession. Occasionally a trial of TENS is done in the clinic over 1-2 therapy visits and, if the patient has had a favorable response, the patient can usually be taught to use a TENS unit in the home for pain control (TENS units are available in drug stores for purchase). Consequently, it is unnecessary for a patient to continue treatment for pain with a TENS unit in the clinic setting. Use of this code would seldom fall under a therapy plan of treatment. The occupational therapy specialty believes that occupational therapists have reported CPT code 64550 in error. Two other codes exist that relate to electric stimulation and are more frequently reported by occupational therapy and are valued the same as 64550:

1. CPT 97014/G0283, supervised electric stimulation and
2. CPT 97032, attended manual electric stimulation.

CPT 97014/G0283 is appropriate for pad-based e-stimulation, which requires supervision only. CPT code 97014 Application of a modality to one or more areas; electrical stimulation (unattended) is an invalid code for Medicare which requires that G0283 be reported. CPT 97032 can only be used when stimulation is manually applied. The requirement for constant attendance is derived from the manual-application requirement and is based on different stimulation frequencies necessitating one-on-one supervision. Additionally, CPT codes 64550 and 97032 each have an identical work value of 0.18 RVU which indicates that both codes have been identified as requiring the same amount of therapist work.

The AMA RUC Health Care Professionals Advisory Committee (HCPAC) refers CPT code 64550 to the CPT Editorial Panel and recommends that the code be deleted. Additionally, the HCPAC recommends that instructions following the deleted code 64550 should direct users to instead report 97032 for electrical stimulation requiring constant attendance or 97014 for electrical stimulation requiring supervision only.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	CMS-Other - Utilization over 100,000	April 2017	ACR	September 2017

Background: In April 2017 the specialty noted and the RUC confirmed that the volume has decreased in the past decade as more supervision and interpretation services have been bundled into the underlying procedure codes. The CPT code descriptor language includes several services for which imaging guidance has been bundled (i.e. endoscopy). Additionally, the CPT code descriptor describes a physician spending greater than one hour of professional service time helping another physician. It was the consensus at the RUC and from the presenting societies that this practice is rare, if not obsolete. The specialty societies stated that they intended to submit a letter to CPT request ing deletion of code 76001 due to very low volume. The presenting specialties noted they suspect that when it is used, it is likely used to describe a service other than that intended by the code. The RUC refers CPT code 76001 to the CPT Editorial Panel for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76881	**Ultrasound, extremity, nonvascular, real-time with image documentation; complete**	CMS Fastest Growing / New Technology/New Services	January 2017	AAOS, ACR, ACRh, APMA	June 2017

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data. In October 2016, the specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In February 2017, CPT requested a CCP for this issue.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76882	**Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**	CMS Fastest Growing / New Technology/New Services	January 2017	AAOS, ACR, ACRh, APMA	June 2017

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data. In October 2016, the specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In February 2017, CPT requested a CCP for this issue.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77014	**Computed tomography guidance for placement of radiation therapy fields**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	January 2016	ASTRO, ACR	September 2017

Background: Revise based on CMS input regarding the radiation oncology services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77058	**Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**	CMS High Expenditure Procedural Codes2	October 2016	ACR	June 2017

Background: In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) has been submitted for the upcoming February 2017 CPT Editorial Panel meeting. The RUC recommends CPT code 77058 and 77059 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77059	**Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**	CMS High Expenditure Procedural Codes2	October 2016	ACR	June 2017

Background: In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) has been submitted for the upcoming February 2017 CPT Editorial Panel meeting. The RUC recommends CPT code 77058 and 77059 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
78492	**Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**	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 to refer this codde 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
92275	**Electroretinography with interpretation and report**	CMS High Expenditure Procedural Codes2	January 2016	AAO, ASRS, AOA (optometry)	June 2017

Background: In January 2016, the specialty society noted that they became aware of inappropriate use of this code for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 99275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes are necessary to ensure that the service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is developed. The RUC recommends CPT code 92275 be referred to the CPT Editorial Panel. In May 2016 this issue was postponed until September 2016. In September 2016 the CPT Editorial Panel postponed this issue was postponed until Feb 2017 to with a request for the specialty societies to submit literature for all codes and utilize the regular code change application. This issue was postponed again until June 2017.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
9525X	**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	AACE, ES, ACP	June 2017

Background: 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.

		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		June 2017

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95970	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**	Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	January 2016	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	June 2017

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered “changed” as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS Request - Final Rule for 2016	January 2016	AAN	June 2017

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered “changed” as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	January 2016	AAN	June 2017

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered “changed” as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	January 2016	AAN	June 2017

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered “changed” as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

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)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	January 2016	AAN	June 2017

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered “changed” as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96101	**Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**	CMS High Expenditure Procedural Codes2	January 2017	APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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 are 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. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

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**	**Screen**	**RUC Meeting**	**Specialty Society:**	**CPT Meeting**
		CMS High Expenditure Procedural Codes2	January 2017	APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96103	**Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	January 2017	APA (Psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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 are 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. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2	January 2017	ASHA, AAN	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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 are 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. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96110	**Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**	CMS High Expenditure Procedural Codes2	January 2017	AAN, APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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 are 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. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96111	**Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**	CMS High Expenditure Procedural Codes2	January 2017	AAN, APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017	AAN, APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017	APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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 are 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. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96119	**Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**	CMS High Expenditure Procedural Codes2	January 2017	APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96120	**Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2 / CMS High Expenditure Procedural Codes2	January 2017	APA (Psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96125	**Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**	CMS High Expenditure Procedural Codes2	January 2017	APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96127	**Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**	CMS High Expenditure Procedural Codes2	January 2017	APA (psychology)	June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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963X0

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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963X1

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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963X2

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

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963X3

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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963X4

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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963X5

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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963X6

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	January 2017		June 2017

Background: In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing 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, including computerized testing.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 that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. 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.

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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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	April 2016	APTA, AOTA	June 2017

Background: In April 2016 the RAW reviewed the PM&R action plan timeline and recommends to refer to CPT for revision to reflect the current practice.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
21820	**Closed treatment of sternum fracture**	CMS Request - Final Rule for 2014 / Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: Added as part of 21800 family for Final Rule issue. In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23540	**Closed treatment of acromioclavicular dislocation; without manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23625	**Closed treatment of greater humeral tuberosity fracture; with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23650	**Closed treatment of shoulder dislocation, with manipulation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23655	**Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23665	**Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24505	**Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24600	**Treatment of closed elbow dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24605	**Treatment of closed elbow dislocation; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25565	**Closed treatment of radial and ulnar shaft fractures; with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25675	**Closed treatment of distal radioulnar dislocation with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26700	**Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26750	**Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26755	**Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26770	**Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27230	**Closed treatment of femoral fracture, proximal end, neck; without manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27232	**Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27240	**Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27252	**Closed treatment of hip dislocation, traumatic; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27265	**Closed treatment of post hip arthroplasty dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27266	**Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27502	**Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27510	**Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27550 **Closed treatment of knee dislocation; without anesthesia**	**Screen:**	**RUC Meeting:**	**RUC Rec:**	**Specialty Society:**	**CPT Asst Status:**
	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27552 **Closed treatment of knee dislocation; requiring anesthesia**	**Screen:**	**RUC Meeting:**	**RUC Rec:**	**Specialty Society:**	**CPT Asst Status:**
	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27752	**Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27762	**Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27810	**Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27818	**Closed treatment of trimalleolar ankle fracture; with manipulation**	Site of Service Anomaly (99238-Only) / Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27840	**Closed treatment of ankle dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
28660	**Closed treatment of interphalangeal joint dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Sept 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends no clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36511	**Therapeutic apheresis; for white blood cells**	CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	

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.

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	

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.

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	

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.

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	

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.

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	

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.

36522 **Photopheresis, extracorporeal**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2017	1.75. Refer to CPT Assistant	CAP, RPA	

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.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
9525X	**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 and 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.

		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 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	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
192X1		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		☐
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 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)	☐
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 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)	☐
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
228X0		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
228X4		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
228X5		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
228XX		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 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)	☐
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 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)	☐
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 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)	☐
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 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)	☐
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018		☐
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 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)	☐
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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).	☐
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	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.	☑
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).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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	☑
32X99		Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		☐
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
332X5		Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
332X6		Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	☐
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
333X3		Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		☐
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2019		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
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		☐
339X1		Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
339X2		Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
339X3		Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
364X1		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
364X2		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
364X3		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
364X4		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
364X5		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
364X6		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
382X3	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		☐
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
432X1		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
432X2		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55X87		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.	☑
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
585X1		Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
630X1		Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017		☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 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	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2017		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

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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	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IL28B (interleukin 28B [interferon, lambda 3]) (eg, drug response), rs12979860 variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative,							

CPT Code	2016 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							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(septin 9) (eg, colon cancer), methylation analysis SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) (For duplication/deletion analysis of SMN1/SMN2, use 81401) SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed TBP (TATA box binding protein) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg,							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

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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							

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	respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

CPT Code	2016 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	2016 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							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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	2016 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	2016 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	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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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.	☑

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	full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray analysis for neoplasia) (Do not report 88271 when							

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	performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain							

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	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							

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	domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KAL1 (Kallmann syndrome 1 sequence) (eg, Kallmann syndrome), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280) KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNQ1 full gene sequence with 81280) KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-							

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	associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic							

CPT Code	2016 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	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017		☐
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	October 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2019		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017		☐
935X1		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
935X2		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
935X3		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2017		☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2017		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2018		☐
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	October 2017		☐
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017		☐
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2017		☐

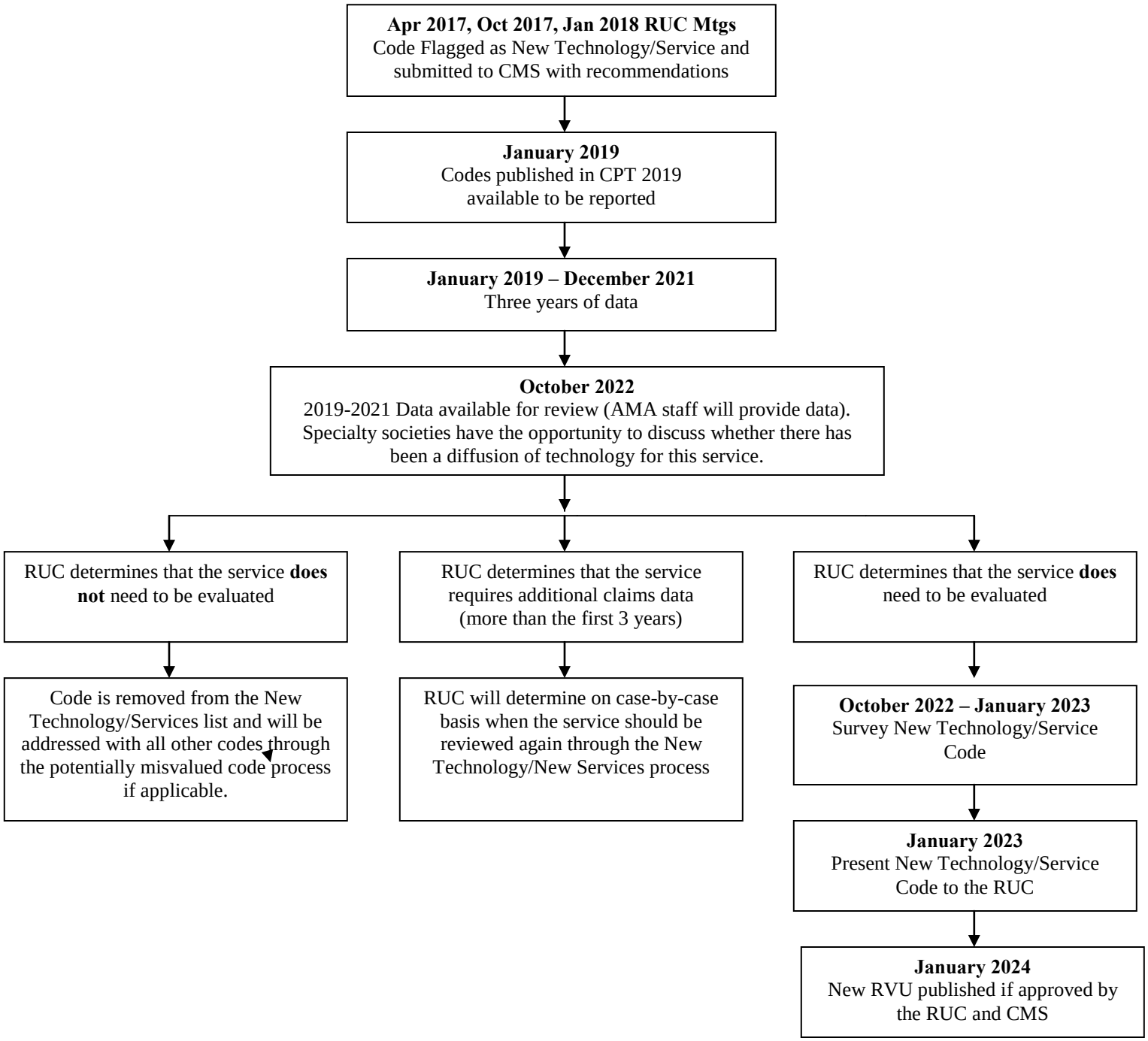
CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2017		☐
994X1		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
994X2		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
994X3		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
994X7		Apr 2017	Chronic Care Management Services	09	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).	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G0507		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Specialty and Acronym

Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Ashma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP

American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Osteopathic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA-HCPAC
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery Association	ASDSA
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN

American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Spine Intervention Society	ISIS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
Medicare Payment Advisory Commission	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Triological Society	TTS

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May 24, 2017

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Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Verma:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the April 2017 meeting, the HCPAC reviewed four issues

- Biopsy of Nail (11755)
- Strapping – Lower Extremity (29540, 29550)
- Physical Medicine and Rehabilitation Services (97010)
- Diabetes Management Training (G0108, G0109)

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2019 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Samantha Ashley (ph: 312-464-4720; email: samantha.ashley@ama-aassn.org) at the AMA for clarification regarding these recommendations.

Sincerely,



Michael D. Bishop, MD
HCPAC Chair



Dee Adams Nikjeh, PhD, CCC-SLP
HCPAC Co-Chair

cc: Carol Blackford
Isadora Gil
Edith Hambrick, MD
Ryan Howe
Karen Nakano, MD
Michael Soracoe
Marge Watchorn
HCPAC Participants

HCPAC Recommendations for CMS Requests & Relativity Assessment Ident

CPT Code	2017 Long Descriptor	Issue	HCPAC Recommend-ation
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	Biopsy of Nail	1.25
29540	Strapping; ankle and/or foot	Strapping Lower Extremity	0.39
29550	Strapping; toes	Strapping Lower Extremity	0.25
97010	Application of a modality to 1 or more areas; hot or cold packs	Physical Medicine and Rehabilitation Services	Review work and PE October 2017
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Diabetes Management Training	0.90
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	Diabetes Management Training	0.25

ified Codes April 2017

CMS 000-Day Global Typically Reported with an E/M	CMS/Other Utilization Over 100,000	PM&R Services
X		
X		
X		
		X
	X	
	X	

Health Care Professionals Advisory Committee (HCPAC) Review Board
Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Biopsy of Nail

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT code 11755 was identified as part of this screen.

11755 ***Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)***
The HCPAC reviewed the survey results for 72 podiatrists for CPT code 11755 and determined that the proposed work RVU of 1.25, the survey median work RVU and below the current work RVU of 1.31, appropriately accounts for the work required to perform the service.

The specialty noted that although dermatology proposed and surveyed the code when it was new in 1993, they were never the primary providers of the service. Podiatry has always been the primary provider of this service, but they were not included in the survey in 1993. The HCPAC recommends 18 minutes of pre-service time, 15 minutes of intra-service time and 6 minutes of immediate post-service time. The HCPAC compared the survey code to top key reference CPT code 11730 *Avulsion of nail plate, partial or complete, simple; single* (work RVU= 1.05, 10 minutes intra-service time), which has less intra-service time justifying the lower work value. The HCPAC discussed that the work of survey code 11755, includes the work of 11730 plus the work of taking a biopsy of the nail bed, and the recommended value of 1.25 appropriately accounts for this additional work. Additionally, the HCPAC compared the surveyed code to CPT code 51710 *Change of cystostomy tube; complicated* (work RVU = 1.35), which has more total time justifying the higher work value. **The HCPAC recommends a work RVU of 1.25 for CPT code 11730.**

In addition, the HCPAC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure.

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The HCPAC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense

The specialty provided a brief summary of the discussion from the PE Subcommittee review. The PE Subcommittee made one adjustment, to remove 3 minutes of clinical staff time for *complete pre-procedure phone calls and prescriptions* in the pre-service period. The HCPAC discussed that when this service was surveyed by dermatology the time to *Assist physician or other qualified healthcare professional* required only 67% of physician intra-service time, however the specialty recommends 100% because the RN/LPN/MTA is currently assisting the podiatrist throughout the entire service.. The HCPAC recommends the direct practice expense inputs as reviewed and approved by the Practice Expense Subcommittee.

Work Neutrality

The HCPAC'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
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	000	1.25

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11755 Tracking Number n/a Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.25**
Global Period: 000 Current Work RVU: **1.31** RUC Recommended RVU: **1.25**

CPT Descriptor: Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A middle aged patient presents with a brown/black pigmented streak on the lateral border of the hallux nail that has recently increased in length and width.

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 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 and family, possible complications are discussed, and consent is obtained. The availability of all supplies and equipment for the procedure is verified. The patient is positioned supine with the foot stabilized, and the operative site is prepped and draped. The surgeon scrubs and gowns. A surgical “time out” is performed. Ethyl chloride is applied prior to administering a digit block to two dorsal and two plantar nerves. A digital tourniquet is applied.

Description of Intra-Service Work: The lateral border of the nail is freed from the proximal and lateral nail fold with a freer elevator. The nail is incised from distal to proximal just medial to the pigmented streak. Care is taken to completely incise the nail to the level of the nail matrix. A hemostat is inserted underneath the nail and the lateral border is avulsed. The nail bed is inspected and a biopsy is obtained. The area is sutured as needed.

Description of Post-Service Work: Antibiotic ointment and a sterile dressing are applied, the tourniquet is released, and the patient’s neurovascular status is assessed. Written orders for pain medicine and homecare instructions (eg, dressing changes, bathing, and weight-bearing activity) are provided and explained to the patient. Procedure notes are dictated for the patient’s medical chart, and a copy is sent to the referring provider and/or primary care physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Brooke Bisbee, DPM; Lloyd Smith, DPM				
Specialty(s):	APMA				
CPT Code:	11755				
Sample Size:	1366	**Resp N:**	72	**Response:** 5.2 %	
Description of Sample:	random selection from membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**7.00**	24.00	100.00
Survey RVW:	0.32	1.08	**1.25**	1.50	3.77
Pre-Service Evaluation Time:			**18.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	16.00	48.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	11755	**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:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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:	**6.00**	**0.00**	**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):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 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
11730	000	1.05	**RUC Time**

CPT Descriptor Avulsion of nail plate, partial or complete, simple; single

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11306	000	0.96	**RUC Time**

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	146,724

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51710	000	1.35	**RUC Time**	17,168

CPT Descriptor 2 Change of cystostomy tube; complicated

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: 48 **% of respondents:** 66.6 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 11755	Top Key Reference CPT Code: 11730	2nd Key Reference CPT Code: **11306**
Median Pre-Service Time	18.00	18.00	6.00
Median Intra-Service Time	15.00	10.00	18.00
Median Immediate Post-service Time	6.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**39.00**	**33.00**	**29.00**
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%	23%	52%	25%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	2%	13%	85%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4%	17%	79%
Urgency of medical decision making	4%	27%	69%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	42%	58%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	4%	23%	73%
Outcome depends on the skill and judgment of physician	4%	27%	69%
Estimated risk of malpractice suit with poor outcome	0%	2%	98%

2nd 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	20%	70%	10%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	80%	10%
Urgency of medical decision making	0%	90%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	90%	10%
Outcome depends on the skill and judgment of physician	0%	100%	0%
Estimated risk of malpractice suit with poor outcome	10%	80%	10%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M service 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. Code 11755 was identified on this list.

Although we do not require compelling evidence because we are not requesting an increase in work RVU, we would like to note that the previous survey in 1993 was conducted by dermatology and did not include podiatry. Code 11755 was approved as a new CPT code in 1993. We do not have a description of pre, intra, and post-service work for the work performed by dermatology. Although dermatology proposed the new code and surveyed the code in 1993, they were not the primary providers of the service, as shown in the table below.

Specialty	1994	2005	2015
podiatry	56%	78%	90%
dermatology	31%	17%	7%
others	13%	5%	3%

Survey Vignette, Sample and Process

Prior to survey, the APMA requested a revised vignette.

Old vignette:
A 60-year-old white farmer complains of a darkly pigmented streak over the lateral aspect of his right thumbnail of 2 year's duration. He feels that the band is gradually increasing in width. Examination reveals a 3 millimeter band with variable black-brown discoloration extending throughout the length of the lateral nail plate without discoloration of the nail folds. Lateral longitudinal incisional biopsy is performed to establish or rule out diagnosis of subungual melanoma.

Research Subcommittee shortened the requested vignette to:
A middle aged patient presents with a brown/black pigmented streak on the lateral border of the hallux nail that has recently increased in length and width.

The survey request to complete a standard RUC survey was sent to a random selection from the APMA membership database and 72 responses were received.

Recommendation

We recommend a work RVU of 1.25 which is the survey median and less than the current work RVU. The work of 11755 includes the work of 11730 plus the work of taking a biopsy of the nail bed. The recommended value of 1.25 appropriately accounts for the additional work of 11755 compared to 11730 which was just reviewed in January 2016.

Pre-time Package 6

Evaluation: Subtract 7 minutes from package time of 17 minutes to account for separately reported E/M.
Positioning: Add 2 minutes (total = 3 minutes) to account for supine positioning and the additional work to stabilize both legs and position the operative leg for clear access to the operative site and surgical instruments.

This is the same time approved in 2014 by the HCPAC and CMS for code 11750, *Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal.*
Scrub, dress, wait: No change to standard package time of 5 minutes

Key Reference Codes

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	**0.96**	0.044	29	6	18	5
11730	Avulsion of nail plate, partial or complete, simple; single	**1.05**	0.061	33	18	10	5
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	**1.25**	0.054	**38**	18	**15**	5

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12002*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	**1.14**	0.059	**27**	7	**15**	5
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	**1.25**	0.054	**38**	18	**15**	5
51710	Change of cystostomy tube; complicated	**1.35**	0.050	**42**	12	**15**	15

*When 12002 was reviewed in 2010, the intra-time included inject local anesthetic and wait for affect, which should have been included in the pre-time category.

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) Code 11755 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11755

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
52,476 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty podiatry Frequency 47000 Percentage 89.56 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11755

If this code is a new/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: Biopsy of Nail

TAB: 41

					RVW					Total	PRE			INTRA					POS	SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF 1	11730	Avulsion of nail plate, partial or complete	48	0.061			1.05			33	10	3	5			10			5					
REF 2	11306	Shaving of epidermal or dermal lesion, s	10	0.044			0.96			29		1	5			18			5					
current	11755	Biopsy of nail unit (eg, plate, bed, matrix,		0.026			1.31			55	15					25			15					
SVY	11755	Biopsy of nail unit (eg, plate, bed, matrix,	72	0.041	0.32	1.08	1.25	1.50	3.77	47	18	3	5	5	10	15	16	48	6	0	2	7	24	100
REC	11755	Median RVW		0.052			1.25			39	10	3	5			15			6					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

Global Period 000 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 society Advisors reviewed the current PE details and the PE details for the recently reviewed code 11730 to develop a recommendation for code 11755.

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 code and Key Ref code 11730 were used as references.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
We recommend 12 minutes of pre-service clinical staff time which corresponds to "minimal use" of clinical staff, minus pre-service education. For the rare instances where patients will require this procedure to be performed in a facility setting, clinical staff will need to make several phone calls related to pre-service diagnostic and referral forms, coordinate pre-surgery services, request (schedule) supplies and equipment and coordinate facility schedule with physician and patient schedule. Clinical staff will also contact the patient prior to the procedure regarding any necessary changes in current medications, especially OTC antiplatelet drugs. [These 12 minutes are consistent with time approved for code 11730 that was reviewed in January 2016.]

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: Clinical staff will need to make several phone calls related to pre-service diagnostic and referral forms, coordinate pre-surgery services, request (schedule) supplies and equipment and coordinate facility schedule with physician and patient schedule. Clinical staff will also contact the patient prior to the procedure regarding any necessary changes in current medications, especially OTC antiplatelet drugs.

Service Period Clinical Activities:

Pre-Service (of Service Period): N/A

Intra-Service (of Service Period): N/A

Post-Service (of Service Period): N/A

Post-Service Period Clinical Activities: *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

REVISED 4-26-17

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

Global Period 000 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 society Advisors reviewed the current PE details and the PE details for the recently reviewed code 11730 to develop a recommendation for code 11755.

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 code and Key Ref code 11730 were used as references.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:
CA027: We recommend 2 minutes for clinical staff to complete lab forms for the biopsy specimen, including documentation in the patient medical record.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies:
A majority of deletions and additions correspond to changes made to code 11730 in January 2016.

		Rationale for change
SB024	gloves, sterile	Not all items in ortho small protective pack are needed. The pack was deleted and replaced with these items.
SB027	gown, staff, impervious	
SB034	mask, surgical, with face shield	
SB011	drape, sterile, fenestrated 16in x 29in	This item replaces deleted ortho small drape pack (sterile drape-towel, 18x26 in).
SB012	drape, sterile, for Mayo stand	Item added – needed for mayo stand that will hold instruments and supplies.
SJ025	ethyl chloride spray	Item added – Podiatrists typically use this item as a topical anesthetic prior to injection of nerve block which is inherent to procedure.
SH021	bupivacaine 0.25% inj (Marcaine)	This item replaces deleted lidocaine. Marcaine is standard for block.
SF007	blade, surgical (Bard-Parker)	Item added – disposable blade is needed for scalpel that is part of instrument pack.

SL036	cup, biopsy-specimen sterile 4oz	Item added – necessary to submit biopsy specimen for analysis.
SJ007	bacitracin oint (0.9gm uou)	Item added – this is typically applied on a new wound as standard of care.
SG034	dressing, 3in x 3in (Adaptic)	This item replaces deleted 5in x 9in Adaptic.
SG014	bandage, elastic, self-adherent wrap 1in (Coban)	Item added – used as part of post-procedure bulky dressing to protect the toe.

Equipment:
Change corresponds to changes made to code 11730 in January 2016.

		Rationale for change
EQ168	light, exam	Item replaces surgical light.

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:
N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
N/A

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical staff will set up the supplies necessary for the procedure and assist the physician in positioning the patient and performing the nerve block.

Intra-Service (of Service Period): Clinical staff will assist the physician throughout the procedure; handing supplies and instruments and maintaining patient position as needed.

Post-Service (of Service Period): After the physician assesses the neurovascular status of the patient, the clinical staff will: assist with application of dressings; monitor the patient for post-procedure reaction while cleaning the room and returning the injectants to secure storage; check the dressings while patient dons shoe, and review the physician's instructions to the patient about home care.

Post-Service Period Clinical Activities:
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 assist the physician throughout the procedure; handing supplies and instruments and maintaining patient position 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. 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

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Jan 2016**		**PEAC 2003**		**RECOMMENDED**	
2		***For more complete information about summaries and guidelines***			**11730**		**11755**		**11755**	
3		***RUC Collaboration Website***			Avulsion of nail plate, partial or complete, simple; single		Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds)		Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds)	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-26-17** **Tab: 41** **Specialty: APMA**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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**	**L037D**	RN/LPN/MTA	**46**	**15**	**58**	**33**	**39**	**9**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**3**	**12**	**13**	**30**	**0**	**9**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**40**	**0**	**45**	**0**	**39**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**3**	**3**	**0**	**3**	**0**	**0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA		3	5	5		3
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA		3	3	10		3
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3	0	5		3
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			5	7		
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	3	3	0	3	**0**	**0**
23		**End: When patient enters office/facility for surgery/procedure**								
24		**SERVICE PERIOD**								
25		**Start: When patient enters office/facility for surgery/procedure:**								
26		**Pre-Service (of service period)**								
27	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3					
28	CA010	Obtain vital signs	L037D	RN/LPN/MTA	3					
29	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	2					
31	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	2		5		2	
34	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	2		2		2	
35	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	2		2		2	
38		**Intra-service (of service period)**								
39	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	10				15	
40	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA			16			
45		**Post-Service (of service period)**								
47	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA			2			
48	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3		3		3	
50	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	10		10		10	
51	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA			2		2	
53	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	1		1		1	
59	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	2		2		2	
63		**End: Patient leaves office**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Jan 2016**		**PEAC 2003**		**RECOMMENDED**	
2		***For more complete information about summaries and guidelines***			**11730**		**11755**		**11755**	
3		***RUC Collaboration Website***			Avulsion of nail plate, partial or complete, simple; single		Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds)		Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds)	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-26-17** **Tab: 41** **Specialty: APMA**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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**	**L037D**	RN/LPN/MTA	**46**	**15**	**58**	**33**	**39**	**9**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**3**	**12**	**13**	**30**	**0**	**9**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**40**	**0**	**45**	**0**	**39**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**3**	**3**	**0**	**3**	**0**	**0**
64		**POST-SERVICE PERIOD**								
65		**Start: Patient leaves office/facility**								
66	CA037	Conduct patient communications	L037D	RN/LPN/MTA	3	3		3		
77		**End: with last office visit before end of global period**								
78	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
79	SA048	pack, minimum multi-specialty visit	1.143	pack	1					
80	SB024	gloves, sterile	0.84	pair	3				2	
81	SB027	gown, staff, impervious	1.186	item	2				2	
82	SB034	mask, surgical, with face shield	1.199	item	2				2	
83	SB011	drape, sterile, fenestrated 16in x 29in	0.557	item	1				1	
84	SB012	drape, sterile, for Mayo stand	1.688	item	1				1	
85	SA088	tray, surgical skin prep, sterile	6.7647	tray			1		1	
86	SJ025	ethyl chloride spray	4.401	oz	1				1	
87	SJ053	swab-pad, alcohol	0.013	item	1		1		1	
88	SH021	bupivacaine 0.25% inj (Marcaine)	0.254	ml	10				10	
89	SC029	needle, 18-27g	0.089	item	1		1		1	
90	SC051	syringe 10-12ml	0.184	item			1		1	
91	SF007	blade, surgical (Bard-Parker)	0.535	item	1				1	
92	SL036	cup, biopsy-specimen sterile 4oz	0.173	item					1	
93	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item	1		1		1	
94	SF036	suture, nylon, 3-0 to 6-0, c	2.401	item			1		1	
95	SJ007	bacitracin oint (0.9gm uou)	0.091	item	1				1	
96	SG034	dressing, 3in x 3in (Adaptic)	0.516	item	1				1	
97	SG014	bandage, elastic, self-adherent wrap 1in (Coban)	1.307	item	1				1	
98	SG079	tape, surgical paper 1in (Micropore)	0.002	inch			6		6	
99	SA043	pack, cleaning, surgical instruments	5.339	pack	1		1		1	
100	SL154	alcohol ethyl 100%	0.028	ml	2		1			
101	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml			10			
102	SL154	alcohol ethyl 100%	0.028	ml	2		1			
103	SB044	underpad 2ft x 3ft (Chux)	0.23	item	1					
104	SH066	sodium chloride 0.9% inj (10ml uou)	0.427	item			1			
105	SJ009	basin, irrigation	1.542	item			1			
106	SJ011	bulb syringe (Asepto)	0.99	item			1			
107	SF033	scalpel with blade, surgical (#10-20)	0.694	item			1			
108	SG040	dressing, 5in x 9in (Adaptic)	2.318	item			1			
109	SA081	pack, drapes, ortho, small	1.128	pack			1			
110	SA084	pack, protective, ortho, small	4.441	pack			1			
111	SC057	syringe 5-6ml	0.15	item	1					
114	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
115	EF014	light, surgical	4489.13				45			

	A	B	D	E	F	G	H	I	J	K
1	RUC Practice Expense Spreadsheet				RUC Jan 2016		PEAC 2003		RECOMMENDED	
2		*For more complete information about summaries and guidelines*			11730		11755		11755	
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4	Clinical Activity Code	Meeting Date: April 2017 REVISED 4-26-17 Tab: 41 Specialty: APMA	Clinical Staff Type Code	Clinical Staff Type						
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	L037D	RN/LPN/MTA	46	15	58	33	39	9
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	3	12	13	30	0	9
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	40	0	45	0	39	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	3	3	0	3	0	0
116	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula	30				29	
117	EF031	table, power	6153.63	Non-highly Technical Equipment Formula	30		45		29	
118	EF015	mayo stand	530.76	Non-highly Technical Equipment Formula	30		45		29	
119	EQ137	instrument pack, basic ($500-$1499)	500	Non-highly Technical Equipment Formula	37		45		39	

Health Care Professionals Advisory Committee (HCPAC) Review Board
Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Strapping – Lower Extremity

In October 2009, CPT code 29540 *Strapping; ankle and/or foot* was identified through the Harvard Valued - Utilization over 100,000 Screen and the RUC recommended the family of services be surveyed. During that review the HCPAC determined that it was appropriate to reduce the work value for CPT codes 29540 and 29550. CPT code 29590 was referred to the CPT Editorial Panel for Deletion. In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT codes 29540 and 29550 were identified as part of this screen.

29540 *Strapping; ankle and/or foot*
The HCPAC reviewed the survey results for 124 podiatrists for CPT code 29540 and determined that the current work value of 0.39, below the survey 25th percentile, appropriately accounts for the work required to provide this service. The HCPAC recommends a pre-service evaluation time of 5 minutes, pre-service positioning time of 2 minutes, intra-service time of 7 minutes and immediate post-service time of 3 minutes. The HCPAC compared the survey code to 2nd key reference and HCPAC MPC CPT code 29530 *Strapping; knee* (work RVU = 0.39, 18 minutes total time), which has similar total time and should be valued similarly. For additional support the HCPAC compared the surveyed code to key reference CPT code 29515 *Application of short leg splint (calf to foot)* (work RVU= 0.73, 15 minutes intra-service time), which has more than double the intra-service time justifying the greater work value. **The HCPAC recommends a work RVU of 0.39 for CPT code 29540.**

29550 *Strapping; toes*
The HCPAC reviewed the survey results for 124 podiatrists for CPT code 29550 and determined that the current work value of 0.25, below the survey 25th percentile, appropriately accounts for the work required to provide this service. The HCPAC recommends a pre-service evaluation time of 5 minutes, intra-service time of 5 minutes and immediate post-service time of 3 minutes. The HCPAC discussed the top key reference services 29530 *Strapping; knee* (work RVU= 0.39, 7 minutes of pre-service time, 9 minutes of intra-service time, and 2 minutes of immediate post-service time) and 11720 *Debridement of nail(s) by any method(s); 1 to 5* (work RVU = 0.32, 5 minutes intra-service time, 14 minutes total time), and noted that both require more time and work than the surveyed code, justifying higher work values. **The HCPAC recommends a work RVU of 0.25 for CPT code 29550.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In addition, the HCPAC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The HCPAC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense

The presenters provided a brief summary of the discussion from the PE Subcommittee meeting and a HCPAC member noted that for 29540 an additional change to the length of foam underwrap from 48 to 24 inches is necessary. The PE Subcommittee also discussed a reduction in the rigid strapping tape for 29540 and the HCPAC agreed with the specialty that it was appropriate to maintain the specialties recommendation of 48 inches. For CPT code 29550 the additional change was to both supply items; foam underwrap and rigid strapping tape from 22 to 10 inches. With the modifications made by the HCPAC, the HCPAC recommends the direct practice expense inputs as reviewed and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
29540	Strapping; ankle and/or foot	000	0.39 (No Change)
29550	Strapping; toes	000	0.25 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:29540 Tracking Number Original Specialty Recommended RVU: **0.39**
Presented Recommended RVU: **0.39**
Global Period: 000 Current Work RVU: **0.39** RUC Recommended RVU: **0.39**

CPT Descriptor: Strapping; ankle and/or foot

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 29-year-old male presents with a painful arch and heel on the left foot. No history of trauma is elicited. The pain is aggravated by activity and is most bothersome on initial weight bearing in the morning. Physical examination reveals excessive strain on the longitudinal arch with weight bearing. The decision is made to apply a foot/ankle strapping.

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 the procedure to patient and/or family. Review the expected course of treatment and outcome. Verify that all supplies are available. Position the patient supine with an assistant holding the foot with the ankle in neutral position and the knee flexed at 90 degree.

Description of Intra-Service Work: Tape-adherent is sprayed on the plantar, posterior, medial and lateral foot surfaces to provide a firm taping base. Foam under-wrap is applied horizontally from the medial aspect of the first metatarsal head, around the heel, to the lateral aspect of the fifth metatarsal head. This is followed by application of strips of medical adhesive tape in the same pattern with tension to cover the plantar surface of the foot from proximal to the metatarsal heads to just distal to the inferior calcaneal tubercle. Frequent checks are made to ensure there are no creases, wrinkles or gaps in the taping and that the neutral position of the foot to the ankle is maintained.

Description of Post-Service Work: The neurovascular status of the extremity is assessed. Home restrictions (ie, activity, bathing, medications) are discussed. A prescription for pain medication is sent to the patient's preferred pharmacy, as necessary. A procedure note is dictated for the medical record, with copy to PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Brooke Bisbee, DPM; Lloyd Smith, DPM		
Specialty(s):	APMA		
CPT Code:	29540		
Sample Size:	1366	**Resp N:** 124	**Response:** 9.0 %
Description of Sample:	random selection from society membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	20.00	**50.00**	120.00	2500.00
Survey RVW:	0.30	0.40	**0.57**	0.70	1.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**1.00**		
Intra-Service Time:	2.00	5.00	**7.00**	10.00	20.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	29540	**Recommended Physician Work RVU: 0.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
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)

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:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29515	000	0.73	**RUC Time**

CPT Descriptor Application of short leg splint (calf to foot)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29530	000	0.39	**RUC Time**

CPT Descriptor Strapping; knee

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51702	000	0.50	**RUC Time**	222,465

CPT Descriptor 2 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

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: 29 **% of respondents:** 23.3 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 20.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 29540	Top Key Reference CPT Code: 29515	2nd Key Reference CPT Code: **29530**
Median Pre-Service Time	7.00	5.00	7.00
Median Intra-Service Time	7.00	15.00	9.00
Median Immediate Post-service Time	3.00	3.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**23.00**	**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%	72%	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	31%	55%	14%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	17%	76%	7%
Urgency of medical decision making	24%	66%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	55%	35%
Physical effort required	31%	62%	7%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	34%	59%	7%
Outcome depends on the skill and judgment of physician	6%	66%	28%
Estimated risk of malpractice suit with poor outcome	45%	45%	10%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	76%	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	16%	56%	28%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	8%	84%	8%
Urgency of medical decision making	16%	84%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	56%	36%
Physical effort required	8%	72%	20%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	16%	68%	16%
Outcome depends on the skill and judgment of physician	4%	80%	16%
Estimated risk of malpractice suit with poor outcome	12%	72%	16%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management service and modifier 25 appended more than 50 percent of the time, on the same date of service, same patient, by the same physician, with Medicare utilization greater than 20,000, and not reviewed in the last five years. Codes 29540 and 29550 were both identified through this screen.

Codes 29540 and 29550 were both reviewed by the HCPAC in October 2009, after they were identified through a RAW screen of Harvard valued codes with utilization over 100,000. At that time, the APMA presented compelling evidence that the wrong specialty was surveyed because the Harvard data was based on review by six orthopaedic surgeons. The HCPAC did not accept compelling evidence and reduced both codes using magnitude estimation comparison to other codes, including codes performed by physical therapists.

Recommendation - 29540

We recommend maintaining the current work RVU of 0.39 for code 29540.

Pre-time Package 5

We recommend pre-time package 5 (*Procedure with minimal anesthesia care*) with two minutes of evaluation time subtracted to account for work related to an E/M service that is reported 59% percent with and E/M service with modifier 25 appended and one minute subtracted for no anesthesia care. We also recommend two minutes for positioning the patient supine with an assistant holding the foot with the ankle in neutral position and the knee flexed at 90 degree. The HCPAC had previously agreed that the positioning time was integral to the intra-service work and had moved the two minutes from pre-service to intra-service which resulted in the current intra-time of 9 minutes. However, we now understand that all positioning time should be reflected in pre-service time components and therefore are recommending that the two minutes be included in as pre-service positioning.

Post-service time

We recommend three minutes of post-service time to account for assessing the neurovascular status of the extremity; providing home restrictions and a prescription for pain medication, as necessary; and dictating a procedure note for the medical record.

Key Reference Services

KRS1 code 29515, *Application of short leg splint (calf to foot)* includes more intra-service time and is more intense and complex than 29540. The work RVU for 29515, which is approximately twice the recommended work RVU for 29540, appropriately ranks these two codes.

KRS2 code 29530, *Strapping; knee* is typically performed by physical therapists and previously surveyed by physical therapists. Because the physical therapists did not receive sufficient responses to their surveys, the HCPAC agreed with the physical therapists that 29530 and all the strapping services they perform should have the same work RVU and same time components as code 29540. Therefore, this second key reference service may not be optimal for comparison.

MPC Comparison

Note: Survey code 29540 is an MPC code and there are no other 000-global MPC codes with a work RVU equal to or less than 29540.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
29540	Strapping; ankle and/or foot	**0.39**	0.024	17	7	7	3
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	**0.50**	0.025	25	15	5	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Code 29540 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 29540

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 podiatry How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 257,803 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty podiatry Frequency 225000 Percentage 87.27 %

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:
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 29540

If this code is a new/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:29550 Tracking Number n/a Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: 000 Current Work RVU: **0.25** RUC Recommended RVU: **0.25**

CPT Descriptor: Strapping; toes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female sustains an injury from a blunt trauma on her right fifth toe three weeks ago. X-rays reveal a healing fracture of the mid-shaft proximal phalanx with good alignment. The toe is still painful, swollen, and unstable. The decision is made to splint the fifth toe to the fourth toe.

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: Explain the procedure to patient and/or family. Review the expected course of treatment and outcome. Verify that all supplies are available. Place patient in supine position.

Description of Intra-Service Work: Tape-adherent is sprayed on the plantar, dorsal, medial and lateral surfaces of the fourth and fifth toes to provide a firm taping base. A cut cotton gauze pad is placed between the fourth and fifth toes to assist in the digital alignment and to cushion the area to prevent maceration. Foam under-wrap is applied around the fourth and fifth toes, followed by wrapping of adhesive tape strips around both the fourth and fifth right toes to splint them together.

Description of Post-Service Work: The neurovascular status of the extremity is assessed. A surgical shoe is fitted on the patient. Home restrictions (ie, activity, bathing, medications) are discussed. A prescription for pain medication is sent to the patient's preferred pharmacy, as necessary. A procedure note is dictated for the medical record, with copy to PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Brooke Bisbee, DPM; Lloyd Smith, DPM		
Specialty(s):	APMA		
CPT Code:	29550		
Sample Size:	1366	**Resp N:** 124	**Response:** 9.0 %
Description of Sample:	random selection from society membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**21.00**	46.00	450.00
Survey RVW:	0.17	0.35	**0.40**	0.60	0.89
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**1.00**		
Intra-Service Time:	1.00	3.00	**5.00**	7.00	20.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	29550	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
Intra-Service Time:		**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)

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:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29530	000	0.39	**RUC Time**

CPT Descriptor Strapping; knee

SECOND HIGHEST KEY REFERENCE SERVICE:

Key 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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000			

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51702	000	0.50	**RUC Time**	222,465

CPT Descriptor 2 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

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: 35 **% of respondents:** 28.2 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 7.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 29550	Top Key Reference CPT Code: 29530	2nd Key Reference CPT Code: **11720**
Median Pre-Service Time	5.00	7.00	5.00
Median Intra-Service Time	5.00	9.00	5.00
Median Immediate Post-service Time	3.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**13.00**	**18.00**	**12.00**
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	3%	23%	48%	23%	3%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	40%	37%	23%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	26%	63%	11%
Urgency of medical decision making	22%	69%	9%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	29%	42%	29%
Physical effort required	40%	49%	11%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	23%	54%	23%
Outcome depends on the skill and judgment of physician	11%	60%	29%
Estimated risk of malpractice suit with poor outcome	34%	43%	23%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	38%	50%	8%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	8%	21%	71%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	8%	21%	71%
Urgency of medical decision making	4%	29%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	33%	50%
Physical effort required	17%	54%	29%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	18%	42%	42%
Outcome depends on the skill and judgment of physician	4%	38%	58%
Estimated risk of malpractice suit with poor outcome	25%	42%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management service and modifier 25 appended more than 50 percent of the time, on the same date of service, same patient, by the same physician, with Medicare utilization greater than 20,000, and not reviewed in the last five years. Codes 29540 and 29550 were both identified through this screen.

Codes 29540 and 29550 were both reviewed by the HCPAC in October 2009, after they were identified through a RAW screen of Harvard valued codes with utilization over 100,000. At that time, the APMA presented compelling evidence that the wrong specialty was surveyed because the Harvard data was based on review by six orthopaedic surgeons. The HCPAC did not accept compelling evidence and reduced both codes using magnitude estimation comparison to other codes, including codes performed by physical therapists.

Recommendation - 29550

We recommend maintaining the current work RVU of 0.25 for code 29550.

Pre-time Package 5

We recommend pre-time package 5 (*Procedure with minimal anesthesia care*) with two minutes of evaluation time subtracted to account for work related to an E/M service that is reported 53% percent with an E/M service with modifier 25 appended and one minute subtracted for no anesthesia care.

Post-service time

We recommend three minutes of post-service time to account for assessing the neurovascular status of the extremity; fitting a surgical shoe, providing home restrictions and a prescription for pain medication; and dictating a procedure note for the medical record.

Key Reference Services

KRS1 code 29530, *Strapping; knee* is typically performed by physical therapists and previously surveyed by physical therapists. Because the physical therapists did not receive sufficient responses to their surveys, the HCPAC agreed with the physical therapists that 29530 and all the strapping services they perform should have the same work RVU and same time components as code 29540. Therefore, this second key reference service may not be optimal for comparison.

KRS2 code 11720, *Debridement of nail(s) by any method(s); 1 to 5* includes the same intra-time and similar total time and supports maintaining the current work RVU for 29550.

MPC Comparison

Note: There are no other 000-global MPC codes with a work RVU equal to or less than 29550.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
29550	Strapping; toes	**0.25**	0.014	13	5	5	3
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	**0.50**	0.025	25	15	5	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Code 29550 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 29550

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 63,215 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty podiatry Frequency 58000 Percentage 91.75 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
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 29550

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AR	AS	AT	AU	AV
3	**ISSUE: Strapping – Lower Extremity**																									
4	**TAB: 41**																									
5						**RVW**					**Total**	**pre**	**PRE**			**INTRA**					**POS**	**SURVEY EXPERIENCE**				
6	**SOURCE**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**PKG**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**MIN**	**25th**	**MED**	**75th**	**MAX**
7	**REF 1**	**29515**	Application of short leg splint	29	**0.037**			**0.73**			23	**5**	5					15			3					
8	**REF 2**	**29530**	Strapping; knee	25	**0.021**			**0.39**			18	**5**	7					9			2					
9	**current**	**29540**	Strapping; ankle and/or foot		**0.021**			**0.39**			18	**5**	7					9			2					
10	**SVY**	**29540**	Strapping; ankle and/or foot	**124**	**0.032**	**0.30**	**0.40**	**0.57**	**0.70**	**1.00**	**23**		10	2	1	**2**	**5**	**7**	**10**	**20**	**3**	**1**	**20**	**50**	**120**	**2500**
11	**REC**	**29540**	**maintain current RVW**		**0.024**			**0.39**			**17**	**5**	**5**	**2**	**0**			**7**			**3**					
12																										
13	**REF 2**	**29530**	Strapping; knee	35	**0.021**			**0.39**			18	**5**	7					9			2					
14	**REF 2**	**11720**	Debridement of nail(s) by any	9	**0.033**			**0.32**			12	**5**	5	2				5			2					
15	**current**	**29550**	Strapping; toes		**0.023**			**0.25**			11	**5**	5					5			1					
16	**SVY**	**29550**	Strapping; toes	**124**	**0.011**	**0.17**	**0.35**	**0.40**	**0.60**	**0.89**	**21**		10	2	1	**1**	**3**	**5**	**7**	**20**	**3**	**0**	**10**	**21**	**46**	**450**
17	**REC**	**29550**	**maintain current RVW**		**0.014**			**0.25**			**13**	**5**	**5**	**0**	**0**			**5**			**3**					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

29540 Strapping; ankle and/or foot
29550 Strapping; toes

Global Period 000 Meeting Date: April 2017

***** No Facility Direct PE Inputs recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

29540 Strapping; ankle and/or foot

Global Period 000 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 society Advisors reviewed the current PE details to develop a recommendation for code 29540.

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. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Compelling evidence for change in clinical staff type:

In January 2014, the American Physical Therapy Association (APTA) reviewed six strapping codes (29200, 29240, 29260, 29280, 29520, 29530) that were identified through a RAW screen of high volume growth services. The codes that APTA reviewed are services typically provided by therapists. While reviewing the APTA recommendations for their six codes, the PE Subcommittee also adjusted the direct practice expense inputs of the reference code 29540 and additionally code 29550. Neither 29540 or 29550 were under review at this time. The APMA was not at the PE review of the six physical therapy codes and did not comment on the adjustments the PE Subcommittee made to codes 29540 and 29550 to match APTA recommendations for codes under review for work and PE.

Unfortunately, the PE spreadsheet that the APTA provided to the PE Subcommittee incorrectly labelled the clinical staff type for the reference code 29540 as a physical therapy aide. The strapping codes were all presented to the PEAC in 2000 by the American Academy of Orthopaedic Surgeons with the blended clinical staff type RN/LPN/MTA. This was changed by APTA on their spreadsheet and the error was not caught by the PE Subcommittee.

The dominant provider of code 29540 is podiatry (88%). Podiatrists do not have physical therapy aides in their office. We are requesting a change in the staff type back to correctly indicate the blended staff type L037D RN/LPN/MTA which is standard for podiatric services.

Compelling evidence for additional clinical staff time:

We are recommending the standard time for CA029, check dressings and CA035, review home care instructions. Prior to the patient leaving the office, clinical staff will make a final check to be certain that the strapping remains adherent and functional with weight bearing and to review the physicians instructions for home care and followup care.

Compelling evidence for additional supplies:

		Rationale for change.
SB044	underpad 2ft x 3ft (Chux)	An underpad is typically placed under the patient's extremity prior to applying the pre-adhesive spray.
SB022	gloves, non-sterile	Decrease from two pair to one pair since a pair of gloves is included with the multispecialty pack (included with E/M service). Both the physician and staff will be gloved to handle the patient's foot.
SM029	skin prep barrier wipes	Podiatrists do not use this supply item. Instead, SG001 (pre-tape spray) is typically applied.
SG001	adherent, pre-tape spray	This item is typically used by podiatrists prior to applying strapping tape.
SG079	tape, surgical paper 1in (Micropore)	Podiatrists typically do not use this item for strapping procedures.

Compelling evidence for additional equipment time:

		Rationale for change.
EF031	table, power	The patient will typically be placed supine on an exam table for the strapping service.
EQ168	light, exam	An exam light is necessary to visualize the tape edges to ensure there are no creases, wrinkles or gaps in the taping.

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: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: N/A

Service Period Clinical Activities:

Pre-Service (of Service Period):
Clinical staff will provide pre-service education to reinforce the physician's description of the procedure. Consent for the procedure is confirmed and documented. The supplies necessary for the procedure are set up in the procedure room. Clinical staff will assist the physician in positioning the patient supine with the ankle held in neutral position and the knee flexed at 90 degree during the taping procedure.

Intra-Service (of Service Period):
Clinical staff will assist the physician during the entire strapping procedure, including holding the foot in neutral position and handing supplies to the physician.

Post-Service (of Service Period):
After the physician assesses the patient's neurovascular status, clinical staff will check the dressings and review the physician's instructions to the patient about home care. Once the patient leaves the office, the procedure room is cleaned, including disposing of all supplies related to the strapping.

Post-Service Period Clinical Activities: 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 assist the physician during the entire strapping procedure, including holding the foot in neutral position and handing supplies to the 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: 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)
Non Facility Direct Practice Expense (PE) Inputs

29540 Strapping; toes

Global Period 000 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 society Advisors reviewed the current PE details to develop a recommendation for code 29550.

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. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Compelling evidence for change in clinical staff type:

In January 2014, the American Physical Therapy Association (APTA) reviewed six strapping codes (29200, 29240, 29260, 29280, 29520, 29530) that were identified through a RAW screen of high volume growth services. The codes that APTA reviewed are services typically provided by therapists. While reviewing the APTA recommendations for their six codes, the PE Subcommittee also adjusted the direct practice expense inputs of the reference code 29540 and additionally code 29550. Neither 29540 or 29550 were under review at this time. The APMA was not at the PE review of the six physical therapy codes and did not comment on the adjustments the PE Subcommittee made to codes 29540 and 29550 to match APTA recommendations for PT codes under review for work and PE.

Unfortunately, the PE spreadsheet that the APTA provided to the PE Subcommittee incorrectly labelled the clinical staff type for the reference code 29540 as a physical therapy aide. The strapping codes were all presented to the PEAC in 2000 by the American Academy of Orthopaedic Surgeons with the blended clinical staff type RN/LPN/MTA. This was changed by APTA on their spreadsheet and the error was not caught by the PE Subcommittee when they made adjustments to both code 29540 and code 29550.

The dominant provider of code 29550 is podiatry (93%). Podiatrists do not have physical therapy aides in their office. We are requesting a change in the staff type back to correctly indicate the blended staff type L037D RN/LPN/MTA which is standard for podiatric services.

Compelling evidence for additional clinical staff time:

We are recommending the standard time for CA029, check dressings and CA035, review home care instructions. Prior to the patient leaving the office, clinical staff will make a final check to be certain the foot has not become edematous which may make the taping too tight and to review the physicians instructions for home care, including care of the surgical shoe, and followup care.

Compelling evidence for additional supplies:

		Rationale for change.
SB044	underpad 2ft x 3ft (Chux)	An underpad is typically placed under the patient's extremity prior to applying the pre-adhesive spray.
SB022	gloves, non-sterile	Decrease from two pair to one pair since a pair of gloves is included with the multispecialty pack (included with E/M service). Both the physician and staff will be gloved to handle the patient's foot.
SM029	skin prep barrier wipes	Podiatrists do not use this supply item. Instead, SG001 (pre-tape spray) is typically applied.
SG001	adherent, pre-tape spray	This item is typically used by podiatrists prior to applying strapping tape.
SG050	gauze, non-sterile 2in x 2in	This item is placed between the toes to prevent skin maceration.
SG079	tape, surgical paper 1in (Micropore)	Podiatrists typically do not use this item for strapping procedures.

Compelling evidence for additional equipment time:

		Rationale for change.
EF031	table, power	The patient will typically be placed supine on an exam table for the strapping service.
EQ168	light, exam	An exam light is necessary to visualize the tape edges to ensure there are no creases, wrinkles or gaps in the taping.

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: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: N/A

Service Period Clinical Activities:

Pre-Service (of Service Period):
Clinical staff will provide pre-service education to reinforce the physician's description of the procedure. Consent for the procedure is confirmed and documented. The supplies necessary for the procedure are set up in the procedure room.

Intra-Service (of Service Period):
Clinical staff will assist the physician during the entire strapping procedure, including holding the toes apart as necessary and handing supplies to the physician.

Post-Service (of Service Period):
After the physician assesses the patient's neurovascular status, clinical staff will check the dressings and assist the physician with fitting the surgical shoe. Clinical staff with then review the physician's instructions to the patient about home care. Once the patient leaves the office, the procedure room is cleaned, including disposing of all supplies related to the strapping.

Post-Service Period Clinical Activities: 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 assist the physician during the entire strapping procedure, including holding the toes apart as necessary and handing supplies to the 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: 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	G	H	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet				PE SC X-WALK Jan-2014		RECOMMEND		PE SC X-WALK Jan-2014		RECOMMEND		
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries			29540		29540		29550		29550		
3		RUC Collaboration Website			Strapping; ankle and/or foot		Strapping; ankle and/or foot		Strapping; toes		Strapping; toes		
4	Clinical Activity Code	Meeting Date: April 2017 REVISED 4-26-17 Tab: 41 Specialty: APMA	Clinical Staff Type Code	Clinical Staff Type									
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	21	0	20	0	21	0	16	0	
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0	0	0	
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	18	0	20	0	18	0	16	0	
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	3	0	0	0	3	0	0	0	
11		PRE-SERVICE PERIOD											
12		Start: Following visit when decision for surgery or procedure made											
27		End: When patient enters office/facility for surgery/procedure											
28		SERVICE PERIOD											
29		Start: When patient enters office/facility for surgery/procedure:											
30		Pre-Service (of service period)											
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA			3				3		
34	CA011	Provide education/obtain consent	L023A	Physical Therapy Aide	3				3				
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA			2				2		
37	CA013	Prepare room, equipment and supplies	L023A	Physical Therapy Aide	2				2				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA			2				0		
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L023A	Physical Therapy Aide	2				2				
43													
45		Intra-service (of service period)											
46	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA			7				5		
48	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L023A	Physical Therapy Aide	8				8				
56		Post-Service (of service period)											
59	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA			3				3		
60	CA024	Clean room/equipment by clinical staff	L023A	Physical Therapy Aide	3				3				
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA			1				1		
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA			2				2		
79		End: Patient leaves office											
80		POST-SERVICE PERIOD											
81		Start: Patient leaves office/facility											
83	CA037	Conduct patient communications	L023A	Physical Therapy Aide	3				3				
97		End: with last office visit before end of global period											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**				**PE SC X-WALK Jan-2014**		**RECOMMEND**		**PE SC X-WALK Jan-2014**		**RECOMMEND**		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries**			**29540**		**29540**		**29550**		**29550**		
3		***RUC Collaboration Website***			Strapping; ankle and/or foot		Strapping; ankle and/or foot		Strapping; toes		Strapping; toes		
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 41** **Specialty: APMA**	**Clinical Staff Type Code**	**Clinical Staff Type**									
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	**21**	**0**	**20**	**0**	**21**	**0**	**16**	**0**	
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**18**	**0**	**20**	**0**	**18**	**0**	**16**	**0**	
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
99	SA048	pack, minimum multi-specialty visit	1.143	pack									
100	SB044	underpad 2ft x 3ft (Chux)	0.23	item			**1**				**1**		
101	SB022	gloves, non-sterile	0.084	pair	**2**		**1**		**2**		**1**		
102	SM029	skin prep barrier wipes	0.2	item	**1**				**1**				
103	SG001	adherent, pre-tape spray	0.761	oz			**0.5**				**0.25**		
104	SG050	gauze, non-sterile 2in x 2in	0.013	item							**1**		
105	SG097	foam underwrap	0.0043	inch	**48**		24		**22**		**10**		
106	SG098	rigid strapping tape	0.018	inch	**48**		**48**		**22**		**10**		Ace wraps are 5 yards, so the 48 in for ankle is appropriate for the taping
107	SG079	tape, surgical paper 1in (Micropore)	0.002	inch	**6**				**6**				
109	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**									
110	EF031	table, power	6153.63	Non-highly Technical Equipment Formula			**20**				**16**		
111	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula			**20**				**16**		

Health Care Professionals Advisory Committee (HCPAC) Review Board
Summary of Recommendations
Identified by Multiple CMS and RUC Screens

April 2017

Physical Medicine and Rehabilitation Services

In February 2010, some of the physical medicine and rehabilitation services were identified through the RUC's High Volume Growth screen. Subsequently, some services were identified via the Codes Reported Together 75% of the Time screen and then by CMS via the High Expenditure screen. A CPT Workgroup was formed to address coding for these services, but after several years it was determined by CMS that a new structure was not preferred.

In the NPRM for 2017, CMS indicated that a review of the valuation should move forward for the following codes: 97032, 97035, 97110, 97112, 97113, 97116, 97140, 97530, 97535 and G0283. Eleven codes were added as part of this family of services and were reviewed for work and practice expense at the January 2017 RUC HCPAC Review Board meeting.

For both provider work and practice expense presentation and discussion, the 19 codes that were surveyed were divided into four categories of similar services: supervised modalities (97012, 97014, 97016, 97018, 97022); attended modalities (97032, 97033, 97034, 97035); therapeutic procedures (97110, 97112, 97113, 97116, 97140); and ADL (97530, 97533, 97535, 97537, 97542). CPT code 97010 was not surveyed and was referred to CPT. HCPCS code G0283 was not surveyed and was instead crosswalked to a similar service.

A survey of physical therapists and occupational therapists was conducted. In general, both the survey 25th percentile and median work relative value unit (RVU) were higher than the current work RVU. RUC HCPAC Review Board required compelling evidence to be presented on a code-by-code basis.

In addition to considering compelling evidence for some of the codes, the RUC HCPAC Review Board also considered the typical number of services reported per session. CMS has previously provided data to that indicated a mean of 3.5 codes are reported per session. This mean value of 3.5 units is similar to data APTA provided to CMS in 2010 that showed a median value of 3.0 units based on a review of approximately 3.3 million claims for both Medicare and non-Medicare patient encounters from various practice settings. In developing its recommendations, the RUC HCPAC Review Board considered this information from CMS and the specialties that the typical patient would be scheduled for either a 45 minute or one hour session and typically 3 to 4 codes would be reported. For example, a patient may receive 2 units of 97110 *Therapeutic Exercise*

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and one modality. The RUC HCPAC Review Board used this information to ensure there was no duplication in the recommended pre or post service time for each individual code.

In most cases, the RUC HCPAC recommended to maintain the current work RVU. However, the RUC HCPAC Review Board accepted compelling evidence for some codes to recommend an increase to the survey 25th percentile.

CMS considers 97010 a bundled service and does not make a separate payment for the service. The organizations surveying the physical medicine and rehabilitation services family at the January 2017 HCPAC meeting, indicated that they were considering deletion or revision of the code and the HCPAC Review Board recommended that 97010 be referred to the CPT Editorial Panel. Upon further examination the specialty determined that deletion or revision of this service is not appropriate because there are payers that use the code. However, because CMS does not pay for this service separately there is no utilization or claims data related to this code within the RUC database. The specialty did not present the code to the CPT Editorial Panel and this service was placed on the agenda for the April 2017 HCPAC meeting.

The American Physical Therapy Association (APTA) provided a letter to the HCPAC stating that the specialty did not survey or develop practice expense inputs for the service. They explained that "…APTA recently surveyed the majority of codes (approximately 22) in the physical medicine and rehabilitation code family, requiring significant resources for APTA and its members. At this time APTA does not believe an additional survey for this single code warrants the additional burden that would be borne..."The HCPAC discussed that the process does not allow for removing a code from a family identified for survey based on its CMS payment status. In accordance with HCPAC policies, 97010 will again be placed on the LOI for the October 2017 HCPAC meeting and the specialty will be able to indicate their interest level in the manner they deem appropriate. **This code will be placed on the next level of interest to review work and direct practice expense inputs for the October 2017 HCPAC meeting.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
97010 (f)	Application of a modality to 1 or more areas; hot or cold packs	XXX	Refer to October 2017 HCPAC Meeting

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Date: April 4, 2016

To: Michael D. Bishop, MD, HCPAC Chair

From: Richard Rausch, PT, MBA, RUC HCPAC Advisor, APTA
Randy Boldt, PT, RUC HCPAC Alternate Advisor, APTA

Subject: CPT Code 97010

The American Physical Therapy Association (APTA) provides the following information regarding code 97010 that was not surveyed.

Code 97010 has a bundled status and is not paid separately by CMS. Given its non-payment, this code was not identified as potentially misvalued by CMS. There is no utilization or claims data related to this code within the RUC database. APTA recently surveyed the majority of codes (approximately 22) in the physical medicine and rehabilitation code family, requiring significant resources for APTA and its members. At this time APTA does not believe an additional survey for this single code warrants the additional burden that would be borne.

APTA looks forward to any additional information that would provide more clarity regarding an additional survey for this single code.

Health Care Professionals Advisory Committee (HCPAC) Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

Diabetes Management Training

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. HCPCS codes G0108 and G0109 were identified as part of this screen. The services were surveyed for physician work and reviewed for direct practice expense inputs for the April 2017 RUC meeting.

When CMS created HCPCS codes G0108 and G0109, they did not establish work RVUs as they believed training would typically be performed by individuals other than a physician or other qualified health care professional. Based on requests from stakeholders to include physician or other qualified health care provider work in valuing diabetes self-management training (DSMT) services, for CY2011 CMS assigned work RVUs for these codes through a modified cross-walk to medical nutrition therapy (MNT), G code 97803 and modified the PE inputs based on those for the Kidney Disease Education HCPCS codes (G0420, G0421).

According to statute Medicare covers 1 hour of individual and 9 hours of group training unless special circumstances warrant more individual training or no group session is available within 2 months of the date the training is ordered. 10 hours of training is currently what is typical.

Compelling Evidence
The specialty provided compelling evidence that the current work RVUs for DSMT service G0108 is undervalued because the code was never surveyed, there was a flawed method used in the valuation and a change in provider work. The HCPAC agreed that compelling evidence had been met, primarily because of the flawed methodology argument, with the caveat that generally this argument refers to the method used by CMS being unknown, however in this case the method is known, but the specialty maintains that it is flawed.

The specialty provided compelling evidence that the current work RVUs for DSMT service G0109 is undervalued because the code was never surveyed and there has been a change in work. The HCPAC agreed that compelling evidence had been met.

HCPAC Survey Sample
Section 1861(qq) of the Social Security Act specifies that DSMT services are furnished by a certified provider, defined as a physician or other individual or entity that also provides, in addition to DSMT, other items or services for which payment may be made under Medicare. The physician, individual or entity that furnishes the training also must meet certain quality standards, as demonstrated by accreditation by one of the CMS-approved national accreditation organizations. The Academy of Nutrition and Dietetics (ANDi) determined that in addition to surveying a

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random sample of an applicable subset of its membership, that the quality of the survey data would be enhanced by also surveying a targeted sample of certified providers from accredited DSMT programs as these individuals are most likely to have experience performing the services under review. ANDi therefore requested permission from the Research Subcommittee to survey a random sample of AADE-accredited and ADA-accredited DSMT programs. The Research Subcommittee approved this request. The HCPAC surveys for G0108 and G0109 were completed only by individuals who are eligible to bill Medicare for other items or services. Both AADE and ADA maintain databases that contain not only the name and contact information for each accredited program, but also the names of all staff within these programs that will be filtered for approved Medicare providers (i.e., registered dietitian, nurse practitioner).

G0108 ***Diabetes outpatient self-management training services, individual, per 30 minutes***
The HCPAC reviewed the survey results for 111 registered dietitian nutritionists and diabetes educators for HCPCS code G0108 and discussed the specialty's explanation that the survey was flawed because 9 of the 111 respondents entered a work RVU above 30.00. The specialty contacted these respondents to determine if their entry represented their intended response or if it was a typo. Based on conversations with the respondents whom entered these work RVU outliers, it was obvious they did not understand what the RVU figure was supposed to represent. Rather than using the survey, the specialty used an expert panel to develop the work and practice expense recommendations. The expert panel determined that it was appropriate to use a cross-walk to the current RVU for 97802 *Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU = 0.53) which was the survey top key reference code. This method entails doubling the existing RVU of 97802 based on the recommended intra-service time of 30 minutes for G0108 to yield a recommended work RVU of 1.06.

The HCPAC determined that the proposed work value of 1.06 overvalues the work required to provide this service. The HCPAC proposed a crosswalk to CPT code 97803 *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU = 0.45). The HCPAC discussed that because the training is for an established patient the re-assessment code is a more accurate crosswalk then the initial assessment code. This is the same crosswalk that is currently used and maintains the current work value. The HCPAC discussed that although the current work RVU accurately describes the work involved, the time crosswalk undervalues the post-service work. A direct crosswalk to the work RVU and time would be 2 minutes of pre-service time, 30 minutes of intra-service time and 2 minutes of post-service time, however the HCPAC recommends pre-service time of 2 minutes, intra-service time of 30 minutes and immediate post-service time of 5 minutes. The extra time for the post-service time is due to the additional patient education and discharge instructions necessary for these patients and puts the post-service time in line with evaluation and management services such as 99213 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 0.97). For additional support the HCPAC compared G0108 to CPT code 88368 *Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure* (work RVU = 0.88, 30 minutes intra-service time) which requires slightly less total time, justifying the lower work value. **The HCPAC recommends a work RVU of 0.90 for HCPCS code G0108.**

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G0109 ***Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes***

The HCPAC reviewed the survey results for 101 registered dietitian nutritionists and diabetes educators for HCPCS code G0109 and determined that the proposed work value of 0.26 slightly overvalues the work required to provide this service. The HCPAC proposed a direct crosswalk to CPT code 97804 *Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes* (work RVU = 0.25). This is the same crosswalk that is currently used and maintains the current work value. The specialty explained that based on recommendations from the Research Subcommittee, the standard survey instrument for this code was modified to ask questions about the group session rather than the individual patient and a question was added regarding the average number of patients that attend a typical group session. The survey data showed a median group size of 5 patients. Additionally the HCPAC reviewed Medicare claims data that indicates that the median length of a class session is 2 hours (4 units of G0109 per patient). The specialty used this information to derive the recommended pre-, intra-, and post-service time per individual patient. The HCPAC agreed with the specialty recommendation of pre-service time of 2 minutes, intra-service time of 6 minutes and immediate post-service time of 2 minutes. For additional support the HCPAC compared G0109 to CPT code 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)* (work RVU = 0.25, 10 minutes total time) which has the identical total time and identical work value and should be valued identically. **The HCPAC recommends a work RVU of 0.25 for HCPCS code G0109.**

Practice Expense

The PE Subcommittee made significant modifications to the practice expense inputs based on the typical units billed per session. The HCPAC recommends the direct practice expense inputs as approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	XXX	0.90 (No Change)
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	XXX	0.25 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:G0108 Tracking Number Original Specialty Recommended RVU: **1.06**
Presented Recommended RVU: **1.06**
Global Period: XXX Current Work RVU: **0.90** RUC Recommended RVU: **0.90**

CPT Descriptor: Diabetes outpatient self-management training services, individual, per 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year-old female with a history of obesity, hypertension and dyslipidemia presents newly diagnosed with type 2 diabetes. Diabetes self-management training is prescribed.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review referral, medical record; communicate with other health care professionals as needed. Obtain vital signs. Prepare/set up training room and teaching materials/equipment needed for the specific visit and DSMT topic(s) to be covered.

Description of Intra-Service Work: Complete (initial session only)/review and update comprehensive diabetes assessment. Review self-monitoring records and data from device uploads. Review patient's medication regimen; discuss options and adjust per approved protocols/standing orders. Develop (initial session)/revise mutually acceptable personalized behavioral change goals and outcome measures. Develop (initial session)/revise individualized education plan. Instruct on specific self-care topics prescribed, adapted to meet patient needs. Identify and develop strategies to reduce barriers to behavioral change goal achievement. Address healthy coping skills. Develop diabetes self-management individualized support plan (final session)

Description of Post-Service Work: Complete medical record documentation. Communicate with referring physician/qualified health care professional and other members of the health care team on plan of care and necessary referrals. Communicate with patient and/or family regarding blood sugar response to changes in lifestyle and medication adjustments and revise plan of care as necessary. Provide care coordination, including follow-up on revisions to prescriptions/standing orders.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Karen Smith, MBA, MS, RD, LD, FADA, FAND; Margaret Powers, PhD, RD, CDE					
Specialty(s):	Academy of Nutrition and Dietetics					
CPT Code:	G0108					
Sample Size:	5709	**Resp N:**	111	**Response:** 1.9 %		
Description of Sample:	Random: Subset of Academy of Nutrition and Dietetics members that belong to the Diabetes Care & Education Dietetic Practice Group. Random: With approval of the Research Subcommitte, we also surveyed a random sample of Medicare providers from AADE-accredited and ADA-accredited DSMT programs.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	14.00	**100.00**	300.00	1300.00
Survey RVW:	0.02	0.53	**0.82**	1.42	100.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	45.00	**60.00**	60.00	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:	G0108	**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:		**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:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97802	XXX	0.53	**RUC Time**

CPT Descriptor Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient-visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
97803	XXX	0.45	**RUC Time**	187,689

CPT Descriptor 1 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	95,554,488

CPT Descriptor 2 Office or other outpatient-visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family

Other Reference CPT Code	Global	Work RVU	Time Source
		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: 61 **% of respondents:** 54.9 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 12.6 **%**

TIME ESTIMATES (Median)

	CPT Code: G0108	Top Key Reference CPT Code: 97802	2nd Key Reference CPT Code: **99203**
Median Pre-Service Time	2.00	1.00	4.00
Median Intra-Service Time	30.00	15.00	20.00
Median Immediate Post-service Time	5.00	1.00	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	**37.00**	**17.00**	**29.00**
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%	5%	30%	52%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	16%	46%	38%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3%	54%	43%

Urgency of medical decision making	8%	52%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	43%	49%
Physical effort required	16%	62%	21%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	7%	51%	43%
Outcome depends on the skill and judgment of physician	5%	46%	49%
Estimated risk of malpractice suit with poor outcome	8%	44%	47%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	86%	7%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	21%	64%	14%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	21%	64%	14%
Urgency of medical decision making	43%	43%	14%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	79%	14%
Physical effort required	7%	79%	14%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	36%	43%	21%
Outcome depends on the skill and judgment of physician	14%	71%	14%
Estimated risk of malpractice suit with poor outcome	57%	43%	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.

Reason for Survey: In April 2016, the Relativity Assessment Workgroup suggested expanding the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015e Medicare utilization data. The Diabetes outpatient self-management training (DSMT) service codes (G0108 and G0109) were among codes found in the over utilization threshold with utilization at 136,152. The primary specialty performing these services is registered dietitians/nutrition professionals at 43%, endocrinology second at 29% and internal medicine at 11%. These services are typically performed in the outpatient setting. The DSMT codes were created to meet statutory requirements for CMS. Section 4105 of the Balanced Budget Act of 1997 permits Medicare coverage of diabetes self-management training (DSMT) services when these services are furnished by a certified provider who meets certain quality standards. This CMS program is intended to educate beneficiaries in the successful self-management of diabetes and has administrative requirements for coverage and timing and frequency limitations. When CMS created these HCPCS codes, they initially did not establish work RVUs as they believed training would typically be performed by individuals other than a physician. Based on requests from stakeholders to include physician work in valuing DSMT services, for CY2011 CMS assigned physician work RVUs for these codes through a cross-walk to MNT CPT codes and modified the PE inputs based on those for the KDE HCPCS codes. These codes have never been surveyed by the specialty societies performing these services.

In the CY2017 Medicare Physician Fee Schedule proposed rules, CMS identified codes G0108 and G0109 to be reviewed to determine whether to propose an update to resources inputs used to develop payment rates for these services in future rulemaking. Based upon the interest of CMS to evaluate payment for these codes and the fact that the codes have never been surveyed, we recommend surveying the codes so recommended RVUs can be established and proposed to CMS.

Background on prior valuations: When CMS created HCPCS code G0108, they initially did not establish work RVUs as they believed training would typically be performed by individuals other than a physician. Based on requests from stakeholders to include physician work in valuing DSMT services, for CY2011 CMS assigned physician work RVUs for these codes through a modified cross-walk to MNT CPT code 97803 and modified the PE inputs based on those for the Kidney Disease Education HCPCS codes (G0420, G0421).

Overview of Diabetes Self-Management Training (DSMT) services:
According to the benefit established by under the Balanced Budget Act of 1997 and implemented by CMS, DSMT services are intended to educate beneficiaries in the successful self-management of diabetes. DSMT includes, as applicable, instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivation for patients to use the new skills for self-management (see §410.144(a)(5)). DSMT services are reported under HCPCS codes G0108 (Diabetes outpatient self-management training services, individual, per 30 minutes) and G0109 (Diabetes outpatient self- management training services, group session (2 or more), per 30 minutes). The benefit, as specified at §410.141,consists of 1 hour of individual and 9 hours of group training unless special circumstances warrant more individual training or no group session is available within 2 months of the date the training is ordered.

DSMT is defined as the ongoing process of facilitating the knowledge, skill and ability necessary for diabetes self-care. This process incorporates the needs, goals and life experiences of the person with diabetes and is guided by evidence-based research. The overall objectives of DSMT are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. DSMT programs are designed to address the patient's health beliefs, cultural needs, current knowledge, physical limitations, emotional concerns, family support, financial status, medical history, health literacy, numeracy, and other factors that influence each person's ability to meet the challenges of self-management (1). The AADE7 Self-Care Behaviors provide a framework for identifying topics to include at each time: healthy eating, being active, monitoring, taking medication, problem-solving, reducing risks, and healthy coping (2). The educational content listed in the following figure is not intended to be all-inclusive, as specific needs will depend on the patient (1).

Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:

- ❑ Medications—choices, action, titration, side effects
- ❑ Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
- ❑ Physical activity—safety, short-term vs. long-term goals/recommendations
- ❑ Preventing, detecting, and treating acute and chronic complications
- ❑ Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
- ❑ Risk reduction—smoking cessation, foot care
- ❑ Developing personal strategies to address psychosocial issues and concerns
- ❑ Developing personal strategies to promote health and behavior change

Section 1861(qq) of the Act specifies that DMST services are furnished by a certified provider, defined as a physician or other individual or entity that also provides, in addition to DSMT, other items or services for which payment may be made under Medicare. The physician, individual or entity that furnishes the training also must meet certain quality standards. The physician, individual or entity can meet standards established by CMS or standards originally established by the National Diabetes Advisory Board and subsequently revised by organizations who participated in their establishment, or can be recognized by an organization that represents individuals with diabetes as meeting standards for furnishing the services. CMS requires that all those who furnish DSMT services be accredited as meeting quality standards by a CMS-approved national accreditation organization (NAO). In accordance with §410.144, a CMS-approved NAO may accredit an individual, physician or entity to meet one of three sets of DSMT quality standards: CMS quality standards; the National Standards for Diabetes Self-Management Education Programs (National Standards); or the standards of an NAO that represents individuals with diabetes that meet or exceed our quality standards. Currently, CMS recognizes the American Diabetes Association and the American Association of Diabetes Educators as approved NAOs, both of whom follow National Standards.

See references for more information on DSMT services.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets of the Academy of Nutrition and Dietetics and Medicare providers from ADA- and AADE-accredited DSMT programs.

Reference Service List Background:
As a reminder to our reviewers, we note that this tab was submitted to the Research Subcommittee to review the vignettes as none previously existed for these codes. The reference service list was also taken before the Research Subcommittee for approval. We struggled to compile an RSL that included the appropriate range of values for G0109 given the limited options of procedure codes familiar to the specialty as well as the limited number of group service codes.

Compelling Evidence (CE)
The Academy of Nutrition and Dietetics believes there is compelling evidence that the current work RVUs for DSMT services are undervalued due to changes in treatment modalities for diabetes management and for its acute and chronic complications; increased use of more intensive and remote self-management and blood glucose monitoring technology; documentation requirements unique to DSMT services; the need to adhere to DSMT quality standards as one requirement to obtain Medicare reimbursement for DSMT; and to use advanced patient-centered behavior change strategies (e.g., motivational interviewing, family communications, etc.). This family of codes has never been surveyed and we believe the original crosswalk methodology used by CMS to value the codes was flawed.

<u>CE 1. Codes never surveyed</u>
When CMS created these HCPCS codes (G0108, G0109) in CY1999, they initially did not establish work RVUs as they believed training would typically be performed by individuals other than a physician. Based on requests from stakeholders to include physician work in valuing DSMT services, for CY2011 CMS assigned physician work RVUs for these codes through a cross-walk to MNT CPT codes. These codes have never been surveyed by the specialty societies performing these services.

<u>CE 2. Flawed crosswalk methodology</u>

As noted above, the RVUs and pre-, intra- and post-service times for G0108 were originally cross-walked by CMS to the MNT CPT code 97803. CMS doubled the RVUs from 0.45 to 0.90 based on 97803 being a 15-minute time based code and G0108 being a 30-minute time based code. Physician time was not adjusted to reflect the difference in the time increments of the two codes:

CPT Code	CPT Descriptor	Work RVU	Global Period	Intra-Service Time	Total Service Time
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	0.90	XXX	15	17
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	0.45	XXX	15	17

Also, based on our survey results and our expert panel, we do not believe it was appropriate to cross-walk G0108 to subsequent MNT (97803) as each DSMT session is addressing new content per the standard evidence-based curriculum required to be used by DSMT programs and the CMS benefit design. 55% of our survey respondents selected initial MNT (97802) as their top reference service code which is consistent with the opinion of our expert panel.

CE 3. Change in Work

Increased documentation

For a Medicare provider to bill for DSMT services, the program must meet CMS' certification requirements. Currently, CMS recognizes two national accreditation organizations (NAOs) to grant the certification. They are the American Association of Diabetes Educators (AADE) Diabetes Education Accreditation Program and the American Diabetes Association (ADA) Education Recognition Program. Each adhere to the guidelines identified in the National Standards of DSME (NSDSME) and each have established additional evidence-based processes for certifying quality DSMT services.

The first set of NSDSME was finalized in 2007 by an independent committee of DSMT and diabetes management experts. Since the time that CMS assigned physician work RVUs for these codes, these National Standards have been updated (3) to be more specific and robust and require more documentation on the part of DSMT providers to prove strict adherence to these standards. The 2015 AADE National Practice Survey (4) reports an increase from 2012 to 2015 in the collection of data on each of the AADE7 Self-Care Behaviors™ as well as an increased focus in collecting and reporting data on patient outcomes.

Change in knowledge/technology

Since the DSMT codes were created, the clinical content of DSMT services has expanded and become more complex due to new advances in the medical management of diabetes and its acute and chronic complications (e.g., insulin pumps, closed-loop insulin pumps, new anti-glycemic, lipid-lowering and hypertensive medication, and remote blood glucose monitoring). More patients with diabetes are now using insulin pumps, insulin pens, personal continuous monitoring devices, remote monitoring devices, and injectable non-insulin and inhaled insulin regimens, all of which require the DSMT provider to teach a wider variety of medication management techniques. In addition, a wider variety of evidence-based diabetes self-management strategies are needed to empower the patient to cope with and master the skills needed to implement these strategies and newer technologies appropriately. According to the 2015 AADE National Practice Survey (4), insulin initiation, adjustment, intensification and pump initiation were among the frequently offered services by DSMT programs. This same survey reports that the most commonly reported DSMT topic category was monitoring of self-care behaviors and biochemical indicators by the patient and the DSMT provider, with an increase from 2012 to 2015. This category includes clinical, microvascular and macrovascular indicators, diabetes self-management support, acute complications, and psychological elements to be addressed, thus speaking to the required clinical competence of the DSMT provider. Finally, evidence-based practice has evolved since the DSMT codes were created, shifting from imparting general knowledge to more patient-centered, individually tailored treatment and education. Such individualization applies not only to medication management, but also nutrition and physical activity. Motivating someone to take control of a chronic disease requires a unique skill set as well as additional time during health care visits (5).

Qualified Healthcare Professional Time

Pre-Service Time

Our expert panel selected pre-service package XXX Global Code. We are requesting an additional 6 minutes to the 0 minutes already allotted in this package based on survey data and input from our expert panel as they considered rank order RVUs and IWPUTs for the family of codes. The median pre-service time for G0108 from the survey is 10 minutes. Our expert panel felt the survey respondents were confused by this question and estimated pre-service time for a 60 minute session, which is typical practice for G0108, instead of a 30 minute session. The median pre-service time for G0109 from the survey is 24 minutes, which was answered on the basis of a typical session time for this code of 120 minutes. Our expert panel feels the amount of pre-service time is the same for both G0108 and G0109 as the pre-service work is the same and no economies of scale are realized for such work with a group session. Our expert panel feels the 24 minutes of pre-service time represents a true estimate of time for pre-service work for group DSMT services. Thus we are taking this median pre-service time of 24 minutes from G0109 and applying it to both codes in the family. For G0108, we are dividing it by 4 to derive a value for 1 unit of the 30 minute G0108 code. **We are therefore recommending a pre-service time for G0108 of 6 minutes.**

Intra-Service Time
Our expert panel felt the survey respondents were confused by this question and estimated for a 60 minute session, which is typical practice for G0108, instead of a 30 minute session. **We are therefore recommending an intra-service time of 30 minutes.**

Post-Service Time
Our expert panel selected post-service package XXX Global Code. We are requesting an additional 8 minutes to the 0 minutes already allotted in this package based on survey data. The median post-service time from the survey is 15 minutes. Our expert panel felt the survey respondents were confused by this question and estimated post-service time for a 60 minute session, which is typical practice for G0108, instead of a 30 minute session. The median post-service time for G0109 from the survey is 30 minutes, which was answered on the basis of a typical session time for this code of 120 minutes. Our expert panel feels the amount of pre-service time is the same for both G0108 and G0109 as the pre-service work is the same and no economies of scale are realized for such work with a group session. Our expert panel feels the 30 minutes of post-service time is slightly below the typical time for post-service work for group DSMT services. Thus we are taking the expert panel's estimate of typical post-service time of 32 minutes from G0109 and applying it to both codes in the family. For G0108, we are dividing it by 4 to derive a value for 1 unit of the 30 minute G0108 code. **We are therefore recommending a post-service time of 8 minutes.**

Work RVU:
Upon review of the survey results, the expert panel felt the need to use an alternate method to develop work RVUs for this code to provide additional support to our final recommendation. Upon review of the survey RVU results, 9 of the 111 respondents entered a RVU above 30. After consultation with AMA staff, these respondents were contacted to determine if their entry represented their intended response or if it was a typo. Based on conversations with these RVU outliers, it was obvious they did not understand what the RVU figure was supposed to represent.

Our expert panel concluded that using a cross-walk to the current RVU for 97802, the top key reference code, was a reasonable method to use to determine a recommended RVU for this code. The respondents who selected 97802 indicated that the survey code G0108 is more time intense to perform than that reference code. The typical patient described in the vignette for the 97803 MNT CPT code does not represent the typical patient for DSMT services developed based on patient demographics from ADA- and AADE-accredited programs and validated by our survey respondents. The typical patient for MNT services only has diabetes, whereas the typical patient for DSMT services has diabetes along with co-morbidities of obesity, hypertension and dyslipidemia. The addition of these co-morbidities increases the intensity and complexity of DSMT services as compared to MNT services.

Therefore, **the expert panel recommends doubling the existing RVU of 97802 based on the recommended intra-service time of 30 minutes for G0108 to yield a recommended work RVU of 1.06.**

References:

1. Mulcahy K, Maryniuk M, Peeples M, et al. Position statement: Standards for Outcomes Measurement of Diabetes Self-Management Education. Diabetes Educ. 2003;29:804-816.
2. Powers, Margaret A. et. al. Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *J Acad Nutr Diet.* 2015;115(8):1323-1334.
3. Haas, L, Maryniuk M, Beck J, et al; 2012 Standards Revision Task Force. National Standards for diabetes self-management education and support. *Diabetes Care.* 2012;35(5)2393-2401.
4. Sherr D, Lipman R. The diabetes educator and the diabetes self-management education engagement: The 2015 national practice survey. *Diabetes Educ.* 2015;41(5):616-624.
5. Burke SD, Sherr D, Lipman RD. Partnering with diabetes educators to improve patient outcomes. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*. 2014;7:45-53.

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) G0108

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 Registered dietitians 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? 196723
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We used the 2015 Medicare utilization and 2012 Medicaid utilization from the RUC database for HCPCS code G0108.

Specialty Registered dietititans Frequency 84395 Percentage 42.90 %

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? 133,902 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. While the database reflects service provision by several physician specialties, this data is an artifact of Medicare billing guidelines for this code wherein services can be billed under a physician's NPI on behalf of the program. DSMT services are not actually rendered by physician.

Specialty Registered dietitians Frequency 57444 Percentage 42.90 %

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:

Evaluation Management

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 G0108

If this code is a new/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:G0109 Tracking Number Original Specialty Recommended RVU: **0.26**
Presented Recommended RVU: **0.26**
Global Period: XXX Current Work RVU: **0.25** RUC Recommended RVU: **0.25**

CPT Descriptor: Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67 year-old male with a history of cardiovascular disease and poorly controlled type 2 Diabetes wants to learn to control his blood sugar and presents for group diabetes self-management training.

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 referral, medical record, communicate with other health care professionals as needed. Obtain vital signs. Prepare/set up training room and teaching materials/equipment needed for the specific visit and DSMT topic(s) to be covered.

Description of Intra-Service Work: Complete (initial session only)/review and update comprehensive diabetes assessment. Develop (initial session)/revise mutually acceptable personalized behavioral change goals and outcome measures. Develop (initial session)/revise individualized education plan. Utilize patient self-monitoring records and data from device uploads for facilitated group learning and problem-solving. Instruct on specific self-care topics prescribed, adapted to meet patient needs. Identify and develop strategies to reduce barriers to behavioral change goal achievement. Address healthy coping skills. Develop diabetes self-management individualized support plan (final session)

Description of Post-Service Work: Complete medical record documentation. Communicate with referring physician/qualified health care professional and other members of the health care team on plan of care and necessary referrals.
Communicate with patient and/or family regarding blood sugar response to changes in lifestyle and medication adjustments and revise plan of care as necessary. Provide care coordination, including follow-up on revisions to prescriptions/standing orders.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Karen Smith, MBA, MS, RD, LD, FADA, FAND; Margaret Powers, PhD, RD, CDE					
Specialty(s):	Academy of Nutrition and Dietetics					
CPT Code:	G0109					
Sample Size:	5709	**Resp N:**	101	**Response:** 1.7 %		
Description of Sample:	Random: Subset of Academy of Nutrition and Dietetics members that belong to the Diabetes Care & Education Dietetic Practice Group. Random: With approval of the Research Subcommitte, we also surveyed a random sample of Medicare providers from AADE-accredited and ADA-accredited DSMT programs.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**16.00**	54.00	3136.00
Survey RVW:	0.02	0.25	**0.50**	1.00	40.00
Pre-Service Evaluation Time:			**24.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	60.00	**120.00**	150.00	3000.00

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:	G0109	**Recommended Physician Work RVU: 0.25**		
		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:		**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:	**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
97804	XXX	0.25	**RUC Time**

CPT Descriptor Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97803	XXX	0.45	**RUC Time**

CPT Descriptor Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96153	XXX	0.10	**RUC Time**	37,153

CPT Descriptor 1 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90853	XXX	0.59	**RUC Time**	990,757

CPT Descriptor 2 Group psychotherapy (other than of a multiple-family-group)

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: 63 **% of respondents:** 62.3 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 7.9 **%**

TIME ESTIMATES (Median)

	CPT Code: G0109	Top Key Reference CPT Code: 97804	2nd Key Reference CPT Code: **97803**
Median Pre-Service Time	2.00	2.00	1.00
Median Intra-Service Time	6.00	6.00	15.00
Median Immediate Post-service Time	2.00	2.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**10.00**	**10.00**	**17.00**
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%	16%	46%	30%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	24%	56%	20%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	14%	52%	33%
Urgency of medical decision making	13%	67%	20%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	48%	41%
Physical effort required	8%	68%	24%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	11%	60%	29%
Outcome depends on the skill and judgment of physician	11%	63%	25%
Estimated risk of malpractice suit with poor outcome	16%	57%	27%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	63%	37%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	75%	25%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	12%	63%	25%
Urgency of medical decision making	0%	62%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	63%	37%
Physical effort required	12%	38%	50%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	100%	0%
Outcome depends on the skill and judgment of physician	12%	63%	25%
Estimated risk of malpractice suit with poor outcome	13%	75%	12%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In April 2016, the Relativity Assessment Workgroup suggested expanding the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015e Medicare utilization data. The Diabetes outpatient self-management training (DSMT) service codes (G0108 and G0109) were among codes found in the over utilization threshold with utilization at 136,152. The primary specialty performing these services is registered dietitians/nutrition professionals at 50%, endocrinology second at 27% and internal medicine at 9%. These services are typically performed in the outpatient setting. The DSMT codes were created to meet statutory requirements for CMS. Section 4105 of the Balanced Budget Act of 1997 permits Medicare coverage of diabetes self-management training (DSMT) services when these services are furnished by a certified provider who meets certain quality standards. This CMS program is intended to educate beneficiaries in the successful self-management of diabetes and has administrative requirements for coverage and timing and frequency limitations. When CMS created these HCPCS codes, they initially did not establish work RVUs as they believed training would typically be performed by individuals other than a physician. Based on requests from stakeholders to include physician work in valuing DSMT services, for CY2011 CMS assigned physician work RVUs for these codes through a cross-walk to MNT CPT codes and modified the PE inputs based on those for the KDE HCPCS codes. These codes have never been surveyed by the specialty societies performing these services.

In the CY2017 Medicare Physician Fee Schedule proposed rules, CMS identified codes G0108 and G0109 to be reviewed to determine whether to propose an update to resources inputs used to development payment rates for these services in future rulemaking. Based upon the interest of CMS to evaluate payment for these codes and the fact that the codes have never been surveyed, we recommend surveying the codes so recommended RVUs can be established and proposed to CMS.

Background on prior valuations: When CMS created HCPCS code G0109, they initially did not establish work RVUs as they believed training would typically be performed by individuals other than a physician. Based on requests from stakeholders to include physician work in valuing DSMT services, for CY2011 CMS assigned physician work RVUs for these codes through a modified cross-walk to MNT CPT code 97804 and modified the PE inputs based on those for the Kidney Disease Education HCPCS codes.

Overview of Diabetes Self-Management Training (DSMT) services:
According to the benefit established by under the Balanced Budget Act of 1997 and implemented by CMS, DSMT services are intended to educate beneficiaries in the successful self-management of diabetes. DSMT includes, as applicable, instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivation for patients to use the new skills for self-management (see §410.144(a)(5)). DSMT services are reported under HCPCS codes G0108 (Diabetes outpatient self-management training services, individual, per 30 minutes) and G0109 (Diabetes outpatient self- management training services, group session (2 or more), per 30 minutes). The benefit, as specified at §410.141,consists of 1 hour of individual and 9 hours of group training unless special circumstances warrant more individual training or no group session is available within 2 months of the date the training is ordered.

DSMT is defined as the ongoing process of facilitating the knowledge, skill and ability necessary for diabetes self-care. This process incorporates the needs, goals and life experiences of the person with diabetes and is guided by evidence-based research. The overall objectives of DSMT are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. DSMT programs are designed to address the patient's health beliefs, cultural needs, current knowledge, physical limitations, emotional concerns, family support, financial status, medical history, health literacy, numeracy, and other factors that influence each person's ability to meet the challenges of self-management (1). The AADE7 Self-Care Behaviors provide a framework for identifying topics to include at each time: healthy eating, being active, monitoring, taking medication, problem-solving, reducing risks, and healthy coping (2). The educational content listed in the following figure is not intended to be all-inclusive, as specific needs will depend on the patient (1).

Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:

- ❑ Medications—choices, action, titration, side effects
- ❑ Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
- ❑ Physical activity—safety, short-term vs. long-term goals/recommendations
- ❑ Preventing, detecting, and treating acute and chronic complications
- ❑ Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
- ❑ Risk reduction—smoking cessation, foot care
- ❑ Developing personal strategies to address psychosocial issues and concerns
- ❑ Developing personal strategies to promote health and behavior change

Section 1861(qq) of the Act specifies that DMST services are furnished by a certified provider, defined as a physician or other individual or entity that also provides, in addition to DSMT, other items or services for which payment may be made under Medicare. The physician, individual or entity that furnishes the training also must meet certain quality standards. The physician, individual or entity can meet standards established by CMS or standards originally established by the National Diabetes Advisory Board and subsequently revised by organizations who participated in their establishment, or can be recognized by an organization that represents individuals with diabetes as meeting standards for furnishing the services. CMS requires that all those who furnish DSMT services be accredited as meeting quality standards by a CMS-approved national accreditation organization (NAO). In accordance with §410.144, a CMS-approved NAO may accredit an individual, physician or entity to meet one of three sets of DSMT quality standards: CMS quality standards; the National Standards for Diabetes Self-Management Education Programs (National Standards); or the standards of an NAO that represents individuals with diabetes that meet or exceed our quality standards. Currently, CMS recognizes the American Diabetes Association and the American Association of Diabetes Educators as approved NAOs, both of whom follow National Standards.

See references for more information on DSMT services.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets of the Academy of Nutrition and Dietetics and Medicare providers from ADA- and AADE-accredited DSMT programs.

Reference Service List Background:
As a reminder to our reviewers, we note that this tab was submitted to the Research Subcommittee to review the vignettes as none previously existed for these codes. The reference service list was also taken before the Research Subcommittee for approval. We struggled to compile an RSL that included the appropriate range of values for G0109 given the limited options of procedure codes familiar to the specialty as well as the limited number of group service codes.

Compelling Evidence (CE)
The Academy of Nutrition and Dietetics believes there is compelling evidence that the current work RVUs for DSMT services are undervalued due to changes in treatment modalities for diabetes management and for its acute and chronic complications; increased use of more intensive and remote self-management and blood glucose monitoring technology; documentation requirements unique to DSMT services; the need to meet DSMT quality standards as one requirement to obtain Medicare reimbursement for DSMT; and to advance patient-centered behavior change strategies (e.g., motivational interviewing, peer interventions, family communications, etc.).This family of codes has never been surveyed.

<u>CE 1. Codes never surveyed</u>
When CMS created these HCPCS codes (G0108, G0109) in CY1999, they initially did not establish work RVUs as they believed training would typically be performed by individuals other than a physician. Based on requests from stakeholders to include physician work in valuing DSMT services, for CY2011 CMS assigned physician work RVUs for these codes through a cross-walk to MNT CPT codes. These codes have never been surveyed by the specialty societies performing these services.

CE 2. Change in Work

Increased documentation

For a Medicare provider to bill for DSMT services, the program must meet CMS' certification requirements. Currently, CMS recognizes two national accreditation organizations (NAOs) to grant the certification. They are the American Association of Diabetes Educators (AADE) Diabetes Education Accreditation Program and the American Diabetes Association (ADA) Education Recognition Program. Each adhere to the guidelines identified in the National Standards of DSME (NSDSME) and each have established additional evidence-based processes for certifying quality DSMT services.

The first set of NSDSME was finalized in 2007 by an independent committee of DSMT and diabetes management experts. Since the time that CMS assigned physician work RVUs for these codes, these National Standards have been updated (3) to be more specific and robust and require more documentation on the part of DSMT providers to prove strict adherence to these standards. The 2015 AADE National Practice Survey (4) reports an increase from 2012 to 2015 in the collection of data on each of the AADE7 Self-Care Behaviors™ as well as an increased focus in collecting and reporting data on patient outcomes.

Change in knowledge/technology

Since the DSMT codes were created, the clinical content of DSMT services has expanded and become more complex due to new advances in the medical management of diabetes and its acute and chronic complications (e.g., insulin pumps, closed-loop insulin pumps, new anti-glycemic, lipid-lowering and hypertensive medication, and remote blood glucose monitoring). More patients with diabetes are now using insulin pumps, insulin pens, personal continuous monitoring devices, remote monitoring devices, and injectable non-insulin and inhaled insulin regimens, all of which require the DSMT provider to teach a wider variety of medication management techniques. In addition, a wider variety of evidence-based diabetes self-management strategies are needed to empower the patient to cope with and master the skills needed to implement these strategies and newer technologies appropriately. According to the 2015 AADE National Practice Survey (4), insulin initiation, adjustment, intensification and pump initiation were among the frequently offered services by DSMT programs. This same survey reports that the most commonly reported DSMT topic category was monitoring of self-care behaviors and biochemical indicators by the patient and the DSMT provider, with an increase from 2012 to 2015. This category includes clinical, microvascular and macrovascular indicators, diabetes self-management support, acute complications, and psychological elements to be addressed, thus speaking to the required clinical competence of the DSMT provider. Finally, evidence-based practice has evolved since the DSMT codes were created, shifting from imparting general knowledge to more patient-centered, individually tailored treatment and education. Such individualization applies not only to medication management, but also nutrition and physical activity. Such individualization occurs in a group session, typically extending into the post-service work. Motivating someone to take control of a chronic disease requires a unique skill set as well as additional time during health care visits (5).

Qualified Healthcare Professional Time

Based on recommendations from the Research Subcommittee, the standard survey instrument for this code was modified as follows to address the unique nature of a group service code:

For survey code G0109 (Group Session), how much of your own time is required for each of the following steps in patient care related to the entire group session? Indicate your time for the full session, NOT per individual for the code being surveyed.

New question: What is the average number of patients that attend your typical group session for survey code G0109 *Diabetes outpatient self management training services, group session (2 or more), per 30 minutes*? Analysis of this data was based only on respondents who answered the RVU question. Survey data shows a median group size of 5 patients. Results were used to calculate pre-service, intra-service, and post-service time per individual patient.

Pre-Service Time

Our expert panel selected pre-service package XXX Global Code. We are requesting an additional 2 minutes to the 0 minutes already allotted in this package based on survey data. The median pre-service time from the survey is 24 minutes. Taking 24 minutes, dividing by 4 (adjusts median session time to 30-minute time based code) and then dividing by 5 (median value of 5 patients/session) comes to 1.2 minute pre-service time. The expert panel felt this calculation underestimates the amount of time for pre-service work for this code and feels the amount of pre-service time is the same for both G0108 and G0109 as the pre-service work is the same and no economies of scale are realized for such work with a group session. **Therefore we are recommending maintaining the current pre-service time of 2 minutes.**

Intra-Service Time

The median intra-service time for a full DSMT group session was 120 minutes which aligns with CMS claims data obtained from the AMA that shows a median value of 4 units G0109 billed/day. Taking 120 minutes, dividing by 4 (adjusts median session time to 30-minute time based code) and then dividing by 5 (median value of 5 patients/session), **we are recommending an intra-service time of 6 minutes, which is consistent with the top key reference service code 97804.**

Post-Service Time

Our expert panel selected pre-service package XXX Global Code. We are requesting an additional 2 minutes to the 0 minutes already allotted in this package based on survey data. The median pre-service time from the survey is 30 minutes. However, our expert panel

feels the amount of post-service time is the same for both G0108 and G0109 as the post-service work is the same and no economies of scale are realized for such work with a group session. Our expert panel feels the 30 minutes of post-service time is slightly below the typical time for post-service work for group DSMT services. Thus we are taking the expert panel's estimate of typical post-service time of 32 minutes for G0109 and applying it to both codes in the family. Thus we are taking the expert panel's estimate of typical post-service time of 32 minutes from G0109 and applying it to both codes in the family. For G0109, we are dividing it by 4 (adjusts median session time to 30-minutes session time to 30-minute time based code) and then dividing by 5 (median value of 5 patients/session) to derive a value of 2 per unit of the 30 minute G0109 code. **We are therefore recommending a post-service time of 2 minutes.**

Work RVU:
Upon review of the survey results, the expert panel felt the need to use an alternate method to develop work RVUs for this code to provide additional support to our final recommendation. The typical patient described in the vignette for the 97804 MNT CPT code, the top reference service code selected by survey respondents, does not represent the typical patient for DSMT services developed based on patient demographics from ADA- and AADE-accredited programs and validated by our survey respondents. The typical patient for MNT services only has diabetes, whereas the typical patient for DSMT services has diabetes and cardiovascular disease. The addition of this co-morbidity increases the intensity and complexity of DSMT services as compared to MNT services. To keep work RVUs for the family of codes in alignment, we are recommending an increase in work RVUs for G0109 equivalent to the relative increase in work RVUs for G0108 (~2%).

Therefore, **the expert panel recommends a work RVU of 0.26.**

References:

1. Mulcahy K, Maryniuk M, Peeples M, et al. Position statement: Standards for Outcomes Measurement of Diabetes Self-Management Education. Diabetes Educ. 2003;29:804-816
2. Powers, Margaret A. et. al. Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *J Acad Nutr Diet.* 2015;115(8):1323-1334.
3. Haas, L, Maryniuk M, Beck J, et al; 2012 Standards Revision Task Force. National Standards for diabetes self-management education and support. *Diabetes Care.* 2012;35(5)2393-2401.
4. Sherr D, Lipman R. The diabetes educator and the diabetes self-management education engagement: The 2015 national practice survey. *Diabetes Educ*. 2015;41(5):616-624.
5. Burke SD, Sherr D, Lipman RD. Partnering with diabetes educators to improve patient outcomes. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*. 2014;7:45-53.

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) G0109

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 Registered dietitians 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? 134971
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We used the 2015 Medicare utilization and 2012 Medicaid utilization from the RUC database for HCPCS code G0109.

Specialty Registered dietitians Frequency 67486 Percentage 50.00 %

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? 102,580 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Registered dietitian Frequency 51290 Percentage 50.00 %

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:
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 G0109

If this code is a new/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

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Diabetes Management Training (G0108 & G0109)

TAB: 41iv

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	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	61	0.032			0.53			17	1					15			1																			
2nd REF	99203	Office/outpatient visit new	14	0.061			1.42			29	4					20			5																			
CURRENT	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes		0.057			0.90			17	1					15			1																			
SVY	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	111	0.004	0.02	0.53	0.82	1.42	100.00	85	10			15	45	60	60	120	15																			
REC	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes		0.025			0.90			37	2					30			5																			
1st REF	97804	Medical nutriiton therapy; group (2 or more individuals)), each 30 minutes	63	0.027			0.25			10	2					6			2																			
2nd REF	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	8	0.027			0.45			17	1					15			1																			
CURRENT	G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		0.032			0.25			9	2					5			2																			
SVY	G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	101	-0.006	0.02	0.25	0.50	1.00	40.00	174	24			0	60	120	150	3000	30																			
REC	G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		0.027			0.25			10	2					6			2																			

				25th	MED	75th
SVY	G0109	Typical number of patients in a group session	101	4	5	6

CPT Code: G0108, G0109
Specialty Society('s) Academy of Nutrition and Dietetics

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
G0109: Diabetes outpatient self-management training services, group, per 30 minutes

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 Practice Expense Committee:

A consensus panel of experts from the surveying society met by phone and email to develop the inputs. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The individuals who perform these services provided input on the typical supplies and equipment used for each topic in the DSMT curriculum as well as the typical amount of time devoted to each topic in the curriculum. Direct inputs for G0109 for equipment were adjusted based on the typical group size per the median survey value. As noted in the RUC Database, these services are typically performed in the outpatient setting (98% for G0108; 90% for G0109) so PE recommendations were developed for just the non-facility setting. Currently CMS has not assigned facility PE inputs to either service.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current code G0108 is used to develop G0108 recommendations
Current code G0109 is used to develop G0109 recommendations

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

No recommendations greater than PE Subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The Academy of Nutrition and Dietetics feels there is compelling evidence to support an increase in supplies and equipment for G0108 and G0109. The current PE inputs for both codes were developed by CMS for CY2011 to reflect the equipment and supplies for Kidney Disease Education (G0420, G0421) and are not as relevant to the supplies and equipment for DSMT services as we are listing here. The Expert Panel feels the methodology employed by CMS was flawed as it did not take into consideration the broad range of topics and thus associated supplies and equipment required to render the required elements of the DSMT curriculum to comply with the National Standards of DSME (NSDSME) established by an independent committee of DSMT and diabetes management experts. For a Medicare provider to bill for DSMT services, the program must meet CMS' certification requirements. Currently, CMS recognizes two national accreditation organizations (NAOs) to grant the certification. They are

the American Association of Diabetes Educators (AADE) Diabetes Education Accreditation Program and the American Diabetes Association (ADA) Education Recognition Program. Each adhere to the guidelines identified in the National Standards of DSME (NSDSME) and each have established additional evidence-based processes for certifying quality DSMT services. The current PE inputs reflect supplies and equipment necessary to deliver the nutrition component of the curriculum as well as the program tracking software necessary to help meet National Standards, however they do not reflect those needed for the other topics DSMT programs must provide to meet the AADE7 Self-Care Behaviors framework (Mulcahy K, Maryniuk M, Peeples M, et al. Position statement: Standards for Outcomes Measurement of Diabetes Self-Management Education. Diabetes Educ. 2003;29:804-816):

Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:

- ❑ Medications—choices, action, titration, side effects
- ❑ Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
- ❑ Physical activity—safety, short-term vs. long-term goals/recommendations
- ❑ Preventing, detecting, and treating acute and chronic complications
- ❑ Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
- ❑ Risk reduction—smoking cessation, foot care
- ❑ Developing personal strategies to address psychosocial issues and concerns
- ❑ Developing personal strategies to promote health and behavior change

The Expert Panel recommends the following adjustments to PE for G0108:

- *Clinical labor time:* RN (L051A) – **Remove**
- *Supply Item:* SK043 Label for files-folder – **Remove**
- *Supply Item:* SM022 Sanitizing cloth-wipe (surface, instruments, equipment) – **Add**
- *Supply Item:* SB022 Gloves, non-sterile – **Add**
- *Equipment:* EQ073 Body analysis machine, bioimpedence – **Remove**
- *Equipment:* EQ187 Nutrition therapy software (Nutritionist Pro) – **Remove**
- *Equipment:* EQ123 Food models – **Remove**
- *Equipment:* ED021 Computer, desktop, w-monitor – **Remove**
- *Equipment:* EF025 Table, for seated OT therapy – **Remove**
- *Equipment:* EF009 Chair, medical recliner – **Remove**
- *Equipment:* EQ269 Blood pressure monitor, ambulatory, with battery charger – **Add**

All minutes related to equipment usage were based on the recommended intra-service time of 30 minutes. The expert panel determined that the clinician is face-to-face with the patient using the equipment in the room 100% of the 30 minutes of total median intra-service time.

Clinical labor time: **RN (L051A)**

While current PE for G0108 includes 2 minutes of pre-service clinical staff time by an RN (L051A) to obtain vital signs, it was the consensus of our expert panel that typical practice is for the qualified health care provider (RDN) to obtain vital signs as part of the DSMT program as opposed to

clinical staff. Hence, this work is captured in the pre-service time of the RVU recommendation for this code.

Supplies: SK043 Label for files-folder
The expert panel recommends removing this item as it is more typical to provide the patient with a pocket folder to hold patient education booklets and printed materials distributed during each encounter.

Supplies: SB022 Gloves, non-sterile, SM022 Sanitizing cloth-wipe (surface, instruments, equipment)
The expert panel recommends adding 1 sanitizing wipe and 1 pair of non-sterile gloves per unit of this code. Since all DSMT sessions include finger-sticks, equipment and surfaces must be cleaned at the start and at the end of each session. Other supplies, such as measuring tapes, blood pressure cuffs, food models and measuring cups/spoons, as well as table/desk surfaces also need to be cleaned at the beginning and end of each 60 minute session for infection control purposes.

Equipment: EQ073 Body analysis machine, bioimpedence
The consensus panel recommends removing this piece of equipment as while it is typical for MNT services (CMS PE crosswalk), it is not typical for DSMT services.

Equipment: EQ187 Nutrition therapy software (Nutritionist Pro)
The consensus panel recommends removing this piece of equipment as while it is typical for MNT services (CMS PE crosswalk), it is not typical for DSMT services.

Equipment: EQ123 Food models
The consensus panel recommends removing this piece of equipment as the typical cost of food models purchased for use in a DSMT program is not over $500 so does not meet the definition of Equipment. Since food models are not disposable items, they are not appropriate to include under supplies for the purposes of calculating PE.

Equipment: ED021 Computer, desktop, w-monitor
The expert panel recommends removing this piece of equipment as they feel it should be classified as an indirect expense.

Equipment: EF025 Table, for seated OT therapy
The expert panel recommends removing this piece of equipment, as it is not typical for DSMT services.

Equipment: EF009 Chair, medical recliner
The expert panel recommends removing this piece of equipment, as it is not typical for DSMT services.

Equipment: EQ269 Blood pressure monitor, ambulatory, with battery charger
The expert panel recommends adding 1 minute of time per unit of G0108 for use by the RDN in taking vital signs. The typical patient as noted in the vignette has a history of hypertension. The National Standards for DSMT programs require providers to track and report vital signs on each patient at each session. DSMT services are not provided in a medical examination room that would have a blood pressure monitor as part of the standard equipment. Our expert panel states that it is typical for the room used for DSMT services to be equipped with a blood pressure monitor dedicated for use by the DSMT program.

The Expert Panel recommends the following adjustments to PE for G0109:

- *Supply Item:* SK043 Label for files-folder – **Remove**
- *Supply Item:* New 20x30 inch self-stick easel pad, white, 30 sheets/pad – **Add**
- *Equipment:* EQ073 Body analysis machine, bioimpedence – **Remove**
- *Equipment:* EQ187 Nutrition therapy software (Nutritionist Pro) – **Remove**
- *Equipment:* EQ123 Food models – **Remove**
- *Equipment:* ED021 Computer, desktop, w-monitor – **Remove**
- *Equipment:* EF025 Table, for seated OT therapy – **Remove**
- *Equipment:* EF009 Chair, medical recliner – **Remove**
- *Equipment:* EQ269 Blood pressure monitor, ambulatory, with battery charger – **Add**
- *Equipment:* EF025 Table, for seated OT therapy – **Remove**
- *Equipment:* EF009 Chair, medical recliner – **Remove**
- *Equipment:* EF043 Set of 8 chairs – **Add**
- *Equipment:* ED038 Notebook (Dell Latitude D600) – **Add**
- *Equipment:* EQ282 PC projector - **Add**

All minutes related to equipment usage were based on the recommended intra-service time of 30 minutes. The expert panel determined that the clinician is face-to-face with the patient using the equipment in the room 100% of the 30 minutes of total median intra-service time.

Supplies: New 20x30 inch self-stick easel pad, white, 30 sheets/pad
The expert panel recommends adding 4 sheets of easel pad paper per G0109 session, which translates to 0.007 per unit of code. Group sessions provide the opportunity to use different strategies for education and patient engagement than would be used for an individual session. The expert panel indicates that flip charts are typically used as standard supplies for G0109 services.

Equipment: EQ073 Body analysis machine, bioimpedence
The consensus panel recommends removing this piece of equipment as while it is typical for MNT services (CMS PE crosswalk), it is not typical for DSMT services.

Equipment: EQ187 Nutrition therapy software (Nutritionist Pro)
The consensus panel recommends removing this piece of equipment as while it is typical for MNT services (CMS PE crosswalk), it is not typical for DSMT services.

Equipment: EQ123 Food models
The consensus panel recommends removing this piece of equipment as the typical cost of food models purchased for use in a DSMT program is not over $500 so does not meet the definition of Equipment. Since food models are not disposable items, they are not appropriate to include under supplies for the purposes of calculating PE.

Equipment: ED021 Computer, desktop, w-monitor
The expert panel recommends removing this piece of equipment as they feel it should be classified as an indirect expense.

Equipment: EF025 Table, for seated OT therapy
The expert panel recommends removing this piece of equipment, as it is not typical for DSMT services.

Equipment: EF009 Chair, medical recliner
The expert panel recommends removing this piece of equipment, as it is not typical for DSMT services.

Equipment: EQ269 Blood pressure monitor, ambulatory, with battery charger
The expert panel recommends adding 1 minute of time per unit of G0109 for use by the RDN in taking vital signs. The typical patient as noted in the vignette has a history of hypertension. The National Standards for DSMT programs require providers to track and report vital signs on each patient at each session. DSMT services are not provided in a medical examination room that would have a blood pressure monitor as part of the standard equipment. Our expert panel states that it is typical for the room used for DSMT services to be equipped with a blood pressure monitor dedicated for use by the DSMT program.

Equipment: Set of 8 chairs (EF043)
The expert panel recommends the addition of 8 chairs needed for seating for the clinician, patients and caregivers (for 40% of patients) for the duration of the DSMT group session.

Equipment: ED038 Notebook (Dell Latitude D600)
The expert panel recommends adding a laptop computer for the duration of the DSMT group session. Group sessions provide the opportunity to use different strategies for education and patient engagement than would be used for an individual session. The expert panel indicates that laptop computers and associated PC projectors are typically used as standard equipment for G0109 services for sharing educational content, instructions for group activities, and knowledge tests. The expert panel also indicates that it is typical for a DSMT program to have a computer dedicated to DSMT group sessions as opposed to the RDN moving the laptop computer from their office to the classroom as offices are typically used by other providers to deliver individual DSMT or MNT services to other patients while the RDN is delivering the group service.

Equipment: EQ282 PC projector
The expert panel recommends adding a PC projector for the duration of the DSMT group session. Group sessions provide the opportunity to use different strategies for education and patient engagement than would be used for an individual session. The expert panel indicates that PC projectors associated with laptop computers are typically used as standard equipment for G0109 services for sharing educational content, instructions for group activities, and knowledge tests.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **N/A**

Post-Service Clinical Labor Activities: **N/A**

	A	B	D	E	H	I	J	K	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**		**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***			**G0108**		**G0108**		**G0109**		**G0109**	
3		***RUC Collaboration Website***			Diabetes outpatient self-management training services, individual, per 30 minutes		Diabetes outpatient self-management training services, individual, per 30 minutes		Diabetes outpatient self-management training services, group, per 30 minutes		Diabetes outpatient self-management training services, group, per 30 minutes	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 41iv Specialty: Academy of Nutrition and Dietetics**	**Clinical Staff Type Code**	**Clinical Staff Type**								
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**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	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**										
12		**Start: Following visit when decision for surgery or procedure made**										
27		**End: When patient enters office/facility for surgery/procedure**										
28		**SERVICE PERIOD**										
29		**Start: When patient enters office/facility for surgery/procedure:**										
30		**Pre-Service (of service period)**										
33	CA010	Obtain vital signs	L051A	RN	2		0		0		0	
46		**Intra-service (of service period)**										
57		**Post-Service (of service period)**										
79		**End: Patient leaves office**										
80		**POST-SERVICE PERIOD**										
81		**Start: Patient leaves office/facility**										
90	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
97		**End: with last office visit before end of global period**										

	A	B	D	E	H	I	J	K	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**		**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***			**G0108**		**G0108**		**G0109**		**G0109**	
3		***RUC Collaboration Website***			Diabetes outpatient self-management training services, individual, per 30 minutes		Diabetes outpatient self-management training services, individual, per 30 minutes		Diabetes outpatient self-management training services, group, per 30 minutes		Diabetes outpatient self-management training services, group, per 30 minutes	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 41iv Specialty: Academy of Nutrition and Dietetics**	**Clinical Staff Type Code**	**Clinical Staff Type**								
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**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	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**								
100	SK043	label for files-folders	0.08	item	0.5				0.25			
101	SK057	paper, laser printing (each sheet)	0.005	item	4		2		2		2	
102	SK062	patient education booklet	1.55	item	0.5		0		0.1		0	
106	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item			1				0	
107	SB022	gloves, non-sterile	0.084	pair			1				0	
110	NEW	*20x30 inch self-stick easel pad, white, 30 sheets/pad*		sheet			0				0.007	
111	**Equipment**	**EQUIPMENT**	**PRICE**	**EQUIPMENT**								
112	EF023	table, exam	1338.17									
113	EF016	scale, high capacity (800 lb)	1726.33	Other Formula	1		0		1		0	
114	EQ073	body analysis machine, bioimpedence	2151.32	Other Formula	2.5							
115	EQ305	Diabetes education data tracking software	500	Other Formula	4		4		4		2	
116	ED032	printer, laser, paper	1199	Other Formula	4		4		2		2	
117	EQ187	nutrition therapy software (Nutritionist Pro)	595	Other Formula	10				1			
118	EQ123	food models	700	Other Formula	10				1			
119	ED021	computer, desktop, w-monitor	2501	Other Formula	10				3			
120	EF025	table, for seated OT therapy	718.67	Other Formula	15				10			
121	EF009	chair, medical recliner	829.03	Other Formula	15							
122	EQ269	blood pressure monitor, ambulatory, w-battery charger	1525	Other Formula			0				0	
123	EF043	Set of 8 chairs	3672	Other Formula							30	
124				Other Formula								
125	ED038	notebook (Dell Latitute D600)	1506	Other Formula							30	
126	EQ282	PC projector	1700	Other Formula							30	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - Final Rule for 2016

April 2017

Anesthesia for Intestinal Endoscopic Procedures

In the Final Rule for 2016, CMS stated that the anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used for anesthesia furnished in conjunction with lower GI procedures. In reviewing Medicare claims data, CMS noted that a separate anesthesia service is now reported more than 50 percent of the time when several types of colonoscopy procedures are reported. Given the significant change in the relative frequency with which anesthesia codes are reported with colonoscopy services, CMS believes the base units of the anesthesia services should be reexamined. Therefore, CMS identified CPT codes 00740 and 00810 as potentially misvalued.

The RUC reviewed CPT codes 00740 and 00810 in January 2016 and recommended:

1. An interim base unit of 5 for codes 00740 and 00810 and notes the comparison to the RUC recommended values for moderate sedation, 99156 and 99157, results in a work RVU equivalent that is only slightly higher than moderate sedation service of the same number of minutes.
2. Referral to the Research Subcommittee for review of the vignettes and to develop a method on how to review the survey data to value these services. The RUC recommended that the specialty societies revise the vignette for the typical patient receiving anesthesia for an EGD for 00740 and for a patient receiving anesthesia for a colonoscopy (45378) for 00810.
3. Resurvey 00740 and 00810 for the April 2016 RUC meeting.

In April 2016, an Ad Hoc Anesthesia Workgroup was formed to discuss the issues surrounding these services. The specialty society requested and the Workgroup agreed that CPT codes 00740 and 00810 are too broad in the range of endoscopic procedures covered under each code and should be referred to the CPT Editorial Panel September 2016 meeting to request a new family of anesthesia codes to describe anesthesia for GI endoscopic procedures. The revised codes will specifically identify those patients undergoing both upper and lower gastrointestinal endoscopic procedures. The RUC recommended CPT codes 00740 and 00810 be referred to CPT to better define these services. The Anesthesia Workgroup also recommended an educational presentation be provided to the RUC on the existing survey and valuation process for anesthesia services since it has not been validated or used for a survey since 2007, including a specific example of how the data from a survey are used to value an anesthesia service.

In September 2016, the CPT Editorial Panel deleted two codes 00740 and 00810 and created two new codes for upper, two new codes for lower and one new code for upper and lower endoscopic procedures.

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In January 2017, ASA provided an overview of the anesthesia payment system. The three main points discussed were that payment for anesthesia services are based on a different relative system, time is not a factor in establishing base unit value and payments for anesthesia services use a different formula.

Payments for anesthesia services are based on a different relative system.
The rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Noting that anesthesia base and time units include a combination of work, practice expense and professional liability. For 2017, the percentage of the anesthesia units allocated to physician work is 78.6%

Time is not a factor in establishing base unit value.
The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.
Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place). [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor. The 2017 Anesthesia Conversion Factor is $22.0454.

In September 2016 the CPT Editorial Panel created five new codes for upper and lower endoscopic procedures and deleted two codes 00740 and 00810. In January 2017, the RUC noted that 00811 will be reported 1,205,000 times for Medicare patients and therefore did not meet the threshold of 75 surveys and 00812 will be reported 515,000 and therefore did not meet the threshold of 50 surveys. The recommend values for these services were interim and the specialty society resurveyed for the April 2017 RUC meeting.

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00811 ***Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified***
The RUC reviewed the survey results from 114 anesthesiologists and determined that the survey 25th percentile base unit of 4 appropriately accounts for the work required to administer anesthesia for these services. This new code represents about 70% of the Medicare utilization of the old 00810 service. The survey respondents indicated that the intensity and complexity measures for 00811 are equal or slightly more than those for the top two key reference services 00910 *Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified* (base unit = 3) and 00914 *Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate* (base unit = 5) which supports the base unit recommendation. The RUC noted that the overall intensity for the lower GI anesthesia services is less than the upper GI services 00731 and 00732. Therefore, the survey 25th percentile and median base unit of 4 is more appropriate than the median of 5 base units. **The RUC recommends a base unit of 4 for CPT code 00811.**

00812 ***Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy***
The RUC reviewed the survey results from 97 anesthesiologists and determined that the survey 25th percentile base unit of 3 appropriately accounts for the work required to administer anesthesia for these services. This new code represents about 30% of the Medicare utilization of the old 00810 service. The survey respondents indicated that the intensity and complexity measures for 00812 are identical to slightly less intense than those for the top two key reference services 00910 *Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified* (base unit = 3) and 00914 *Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate* (base unit = 5), which supports the base unit recommendation. The majority of respondents chose key reference service 00910 and the RUC determined that the work for 00812 is more closely related the top key reference service. Based on the RUC reviewer comments, screening colonoscopies typically may be less intense and take less time, 25 minutes, than the diagnostic or procedural colonoscopy, therefore 3 base units is appropriate. The RUC agreed that this service should be valued lower than the anesthesia for upper GI services CPT codes 00731, 00732 and for diagnostic colonoscopy 00811, thus is valued appropriately. **The RUC recommends a base unit of 3 for CPT code 00812.**

The RUC affirmed its January 2017 recommendations for 00731, 00732 and 00813 without modification.

Practice Expense
In January 2017, the specialty society requested the standard 8 minutes of colorectal service time as is consistent for all anesthesia codes. The RUC recommends the direct practice expense inputs as submitted by the specialty society.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the 2018 Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Base Unit Recommendation
Anesthesia **Upper Abdomen**				
D 00740	-	~~Anesthesia for upper gastrointestinal endoscopic procedures, endoscope Introduced proximal to duodenum~~ (00740 has been deleted. To report, see 00731, 00732)	-	~~5~~
●00731	N1	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	XXX	5 (Affirmed January 2017 RUC Recommendation)
●00732	N2	endoscopic retrograde cholangiopancreatography (ERCP) (For combined upper and lower gastrointestinal endoscopic procedures, use 00813)	XXX	6 (Affirmed January 2017 RUC Recommendation)

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Lower Abdomen				
D 00810	-	~~Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum~~ (00810 has been deleted. To report, see 00811, 00812, 00813)	-	~~5~~
●00811	N3	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	XXX	4
●00812	N4	screening colonoscopy (Report 00812 to describe anesthesia for any screening colonoscopy regardless of ultimate findings)	XXX	3
●00813	N5	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	XXX	5 (Affirmed January 2017 RUC Recommendation)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00811 Tracking Number: Original Specialty Recommended Base Unit Value: **4**
Presented Recommended Base Unit Value: **4**
Global Period:XXX Current Base Unit Value: **4** RUC Recommended Base Unit Value: **4**

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient presents with diarrhea, anemia, and intermittent rectal bleeding. Colonoscopy with biopsies of a lesion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 80.70%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017

Presenter(s):	Richard Rosenquist, MD, Neal Cohen, MD, Marc Leib, MD				
Specialty(s):	American Society of Anesthesiologists				
CPT Code:	00811				
Sample Size:	4841	**Resp n:** 114	**Resp :** 2.35%		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**50.00**	120.00	12000.00
Survey Base Unit Values:	2.00	4.00	**5.00**	5.00	10.00
Pre-Anesthesia Time:					
Evaluation	**4.00**	**8.00**	**12.00**	**15.00**	**65.00**
Equipment/Supply Preparation	**0.00**	**5.00**	**7.00**	**12.00**	**35.00**
Intra-op Anesthesia Time:					
Induction Period	1.00	4.25	**6.00**	10.00	30.00
Post-Induction Period	3.00	15.00	**25.00**	35.75	95.00
Post-Anesthesia Time:			**8.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00811	
	Specialty Recommended
Base Unit Value:	**4.00**
Pre-Anesthesia Time:	
Evaluation	**12.00**
Equipment/Supply Preparation	**7.00**
Intra-op Anesthesia Time:	
Induction Period	**6.00**
Pos-Induction Period	**25.00**
Post-Anesthesia Time:	**8.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00910	XXX	3	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00914	XXX	5	**Other**

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 29 **% of respondents:** 25.4 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 23.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 00811**	**Top Key CPT Code: 00910**	**2nd Key CPT Code: 00914**
Median Pre-Service Time		0.00	0.00
Evaluation	12.00		
Equipment/Supply Preparation	7.00		
Median Intra-Service Time		0.00	0.00
Induction Period	6.00		
Post-Induction Period	25.00		
Median Post-service Time	8.00	0.00	0.00
Median Total Time	**58.00**	**87.00**	**126.00**

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	3%	10%	48%	38%	

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	21%	45%	34%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	24%	48%	28%
Urgency of medical decision making	10%	52%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	3%	66%	31%
Physical effort required	10%	59%	31%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	3%	45%	52%

Outcome depends on the skill and judgment of physician	0%	62%	38%
Estimated risk of malpractice suit with poor outcome	7%	52%	41%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	56%	26%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	7%	67%	26%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	59%	33%
Urgency of medical decision making	4%	48%	48%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	67%	26%
Physical effort required	7%	56%	37%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	19%	48%	33%
Outcome depends on the skill and judgment of physician	4%	63%	33%
Estimated risk of malpractice suit with poor outcome	11%	59%	30%

Post-Induction Anesthesia Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor;	

Straightforward medical decision making and treatment	43.03
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	27.76
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	13.44
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	7.96
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	7.81
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

****

00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

ASA recommends the 25th percentile value of 4 base units for anesthesia procedure code *00811, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified.* This recommendation reaffirms the RUC recommendation of 4 base units for 00811 made at the January 2017 RUC meeting.

Background

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under

each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the codes listed below were established for CPT 2018. These codes were then surveyed for the January 2017 RUC meeting. Because an insufficient number of surveys were received for 00811 and 00812, the RUC provided *interim recommendations* for these two codes. The RUC requested that they be resurveyed for the April 2017 RUC meeting.

Recommendations from January 2017 RUC Meeting		
Code #	*Descriptor*	*RUC Rec. (Base Units)*
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	5
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	6
00811*	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	4
00812*	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	4
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	5

* The RUC made interim recommendations for 008X1 and 008X2.

Overview of Anesthesia Base Unit Methodology

As a reminder, payment for anesthesia services is different than for RBRVS codes.

Payment for anesthesia services is based on a different relative system.
Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

Time is not a factor in establishing base unit value.
Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.
Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

The anesthesia conversion factor is different than the RBRVS conversion factor.

- 2017 RBRVS Conversion Factor = $35.8887
- 2017 Anesthesia Conversion Factor = $22.0454

Example Payment Calculation for Anesthesia Procedure Code
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This payment includes work, practice expense and professional liability.

April 2017 RUC Work Survey and ASA Recommendation
ASA surveyed 00811 for the April 2017 RUC meeting. A total of 114 responses were received from a random sample of 4,841 ASA anesthesiologists (2.4% response rate). ASA convened an expert panel to review the survey data. ***ASA is recommending the 25th percentile of 4 base units.***

Rationale for Recommendation
ASA is basing its recommendation of the 25th percentile value of 4 base units for code 00811 on the following factors:

- PIPPA intensity and complexity;
- Comparison to key reference services;
- Comparison to moderate sedation services; and
- Appropriate rank order within the family.

PIPPA Intensity and Complexity
The Post-induction Period, commonly referred to as the PIPPA, was developed by the 2007 RUC Anesthesia Workgroup. Conceptually, it may be considered the time for the surgeon to perform the procedure. The level of intensity and complexity during the PIPPA period is divided into five levels, or quintiles, each of which has its own descriptor. Survey respondents rate the percentage of the total PIPPA time that the typical patient falls under each of the quintiles. During its third five-year review, which was initiated in February 2005, the RUC assigned intensity values to each quintile. Intensity values do not appear on the RUC survey. The survey responses are used to determine a weighted average of the combined PIPPA intensity/complexity value. PIPPA values do not determine base unit values, but may be used to validate the reasonableness of proposed values.

RUC Assigned PIPPA Intensity Values	
Level 1: Presenting problems are self-limited or minor. Straightforward medical decision-making and treatment.	.031
Level 2: Problems are of low intensity. Medical decision-making and treatment of low complexity.	.044
Level 3: Problems are of moderate severity. Medical decision making and treatment of moderate complexity.	.055
Level 4: Problems are of moderate to high severity. Medical decision-making of moderate to high complexity and treatment of high complexity. Critically ill or critically injured patients.	.070
Level 5: Problems are of high severity medical decision making and treatment of high complexity. Critically ill or critically injured patients.	.090

The weighted average PIPPA for 008X1 is 0.046. In reviewing the PIPPA weighted average for 008X1 in comparison to other anesthesia services, the expert panel compared 008X1 with anesthesia codes reviewed by the RUC Anesthesia Workgroup as well as the codes reviewed in January 2017. The expert panel agreed that the weighted average of 0.046 is consistent with base unit 4 or 5 as the chart below reflects.

PIPPA Values for Anesthesia Services in the Range of 3 to 5 Base Units			
Base Unit	*Code*	*Short Descriptor*	*PIPPA Intensity*
3	01382	Anesth dx knee arthroscopy	0.034
	00910	Anesth bladder surgery	0.037
4	00142	Anesth lens surgery	0.032
	00830	Anesth repair of hernia	0.035
	00812	Anesth screening colonoscopy*	0.044
4	**00811**	**Anesth lower endoscopy***	**0.046**
5	00404	Anesth surgery of breast	0.034
	00914	Anesth removal of prostate	0.036
	00813	Anesth uper and lower endoscopy**	0.044
	00731	Anesth upper endocopy**	0.046
*Surveyed for April 2017 RUC **Surveyed for January 2017 RUC			

Comparison to Key Reference Services
Survey respondents chose CPT codes 00910 and 00914 as key reference services. The expert panel noted that the selection of the two key reference codes was very close (29 respondents selected 00910 and 27 respondents selected 00914).

Most survey respondents found 00811 to be identical or more complex than either of the key reference services – one with a base unit value of 3 and the other with a value of 5. It is the opinion of our expert panel that these ratings of the intensity factors among 008X1 and the key reference services fall appropriately in-line and support the recommended 25th percentile value of 4 base units.

Comparison to Moderate Sedation Services
When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, the expert panel feels that comparison to moderate sedation services (99156 and 99157), which the RUC reviewed and valued in 2016, has a clinical rationale. In addition, they agreed that the rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia

is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00811 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00811, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

Base Unit	Anesthesia Time*	Time Units**	Total Anesthesia Units	wAnesthesia Units***	$ Paid CMS****	wRVU Equivalent
3	31	2.1	5.1	4.0	$ 88.18	2.46
4	**31**	**2.1**	**6.1**	**4.8**	**$ 105.82**	**2.95**
5	31	2.1	7.1	5.6	$ 123.45	3.44
6	31	2.1	8.1	6.4	$ 141.09	3.93

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

CPT Code	Units	wRVUs
99156 (initial 15 min, 5 and older)	1	1.65
99157 (subsequent 15)	1	1.25
Total		**2.90**

Using this analysis, if the median value for base unit value is used, then the anesthesia service would be valued similar to the moderate sedation services (2.95 vs. 2.90). Anesthesia services have higher intensity and work than moderate sedation services. The expert panel agreed that the comparison to moderate sedation supported the recommendation of 4 base units.

Appropriate Rank Order in the Family

The expert panel believes that re-affirming the RUC value of 4 base units will also maintain appropriate rank order in the family. Within this new family of anesthesia for GI endoscopic procedures, the expert panel agreed that a recommendation of 4 base units for 00811 maintains appropriate rank order within the entire family of anesthesia for GI endoscopic procedure codes.

Code #	Descriptor	Jan 2017 RUC Rec. (Base Units)	April 2017 ASA Rec (Base Units)

00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	5	N/A
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	6	N/A
00811*	**Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified**	**4**	**4**
00812*	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	4	4
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	5	N/A

* The RUC made interim recommendations for 008X1 and 008X2.

This recommendation also maintains budget neutrality within the family.

ASA's Recommendations for 008X1 in the Anesthesia for GI Procedure Family

ASA recommends the 25th percentile value of 4 base units for anesthesia procedure code *00811, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

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 Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,615,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 1,535,652 Percentage 42.48%

Specialty CRNA Frequency 2,062,719 Percentage 57.06%

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,205,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Anesthesiology Frequency 511,884 Percentage 42.48%

Specialty CRNA Frequency 687,573 Percentage 57.06%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00812 Tracking Number: Original Specialty Recommended Base Unit Value: **4**
Presented Recommended Base Unit Value: **4**
Global Period:XXX Current Base Unit Value: **4** RUC Recommended Base Unit Value: **3**

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64 year-old patient is referred for colorectal cancer screening.

Percentage of Survey Respondents who found Vignette to be Typical: 79.38%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017
Presenter(s):	Richard Rosenquist, MD, Neal Cohen, MD, Marc Leib, MD

Specialty(s):	American Society of Anesthesiologists				
CPT Code:	00812				
Sample Size:	4838	**Resp n:**	97	**Resp :** 2.00%	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**50.00**	115.00	500.00
Survey Base Unit Values:	1.00	3.00	**4.00**	5.00	40.00
Pre-Anesthesia Time:					
Evaluation	**0.00**	**5.00**	**10.00**	**12.00**	**65.00**
Equipment/Supply Preparation	**2.00**	**5.00**	**6.00**	**10.00**	**35.00**
Intra-op Anesthesia Time:					
Induction Period	2.00	3.00	**5.00**	10.00	30.00
Post-Induction Period	2.00	11.00	**20.00**	30.00	75.00
Post-Anesthesia Time:			**8.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00812	
	Specialty Recommended
Base Unit Value:	**3.00**
Pre-Anesthesia Time:	
Evaluation	**10.00**
Equipment/Supply Preparation	**6.00**
Intra-op Anesthesia Time:	
Induction Period	**5.00**
Pos-Induction Period	**20.00**
Post-Anesthesia Time:	**8.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00910	XXX	3	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00914	XXX	5	**Other**

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 28 **% of respondents:** 28.8 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 19.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 00812**	**Top Key CPT Code: 00910**	**2nd Key CPT Code: 00914**
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	6.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	8.00	0.00	0.00
Median Total Time	**49.00**	**87.00**	**126.00**

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	4%	21%	61%	14%	

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	39%	46%	14%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	36%	54%	11%
Urgency of medical decision making	29%	64%	7%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	25%	61%	14%
Physical effort required	21%	57%	21%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	29%	57%	14%

Outcome depends on the skill and judgment of physician	18%	71%	11%
Estimated risk of malpractice suit with poor outcome	11%	50%	39%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	74%	16%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	16%	74%	11%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5%	79%	16%
Urgency of medical decision making	5%	63%	32%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	58%	37%
Physical effort required	5%	63%	32%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	32%	47%	21%
Outcome depends on the skill and judgment of physician	16%	58%	26%
Estimated risk of malpractice suit with poor outcome	11%	63%	26%

Post-Induction Anesthesia Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor;	

Straightforward medical decision making and treatment	51.69
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	23.45
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	10.54
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	6.92
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	7.40
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

****

008X2 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

ASA recommends the median value of 4 base units for anesthesia procedure code *00812, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy*. This recommendation reaffirms the RUC recommendation for this code of 4 base units made at the January 2017 RUC meeting.

Background

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under

each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the codes listed below were established for CPT 2018. These codes were then surveyed for the January 2017 RUC meeting. Because an insufficient number of surveys were received for 00811 and 00812, the RUC provided *interim recommendations* for these two codes. The RUC requested that they be resurveyed for the April 2017 RUC meeting.

Code #	Descriptor	RUC Rec. (Base Units)
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	5
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	6
00811*	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	4
00812*	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	3
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	5

* The RUC made interim recommendations for 008X1 and 008X2.

Overview of Anesthesia Base Unit Methodology

As a reminder, payment for anesthesia services is different than for RBRVS codes.

Payment for anesthesia services is based on a different relative system.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

Time is not a factor in establishing base unit value.

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

The anesthesia conversion factor is different than the RBRVS conversion factor.

- 2017 RBRVS Conversion Factor = $35.8887
- 2017 Anesthesia Conversion Factor = $22.0454

Example payment calculation for anesthesia procedure code.
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This includes work, practice expense and professional liability.

April 2017 RUC Work Survey and ASA Recommendation

ASA surveyed 00812 for the April 2017 RUC meeting. A total of 97 responses were received from a random sample of 4,838 anesthesiologists (2.0% response rate). ASA convened an expert panel to review the survey data. ***ASA is recommending the median of 4 base units.***

Rationale for Recommendation
ASA is basing its recommendation of the median value of 4 base units for code 00812 on the following factors:

- PIPPA intensity and complexity;
- Comparison to key reference services;
- Comparison to moderate sedation services; and
- Appropriate rank order within the family.

PIPPA Intensity and Complexity
The Post-induction Period, commonly referred to as the PIPPA, was developed by the 2007 RUC Anesthesia Workgroup. Conceptually, it may be considered the time for the surgeon to perform the procedure. The level of intensity and complexity during the PIPPA period is divided into five levels, or quintiles, each of which has its own descriptor. Survey respondents rate the percentage of the total PIPPA time that the typical patient falls under each of the quintiles. During its third five-year review, which was initiated in February 2005, the RUC assigned intensity values to each quintile. Intensity values do not appear on the RUC survey. The survey responses are used to determine a weighted average of the combined PIPPA intensity/complexity value. PIPPA values do not determine base unit values, but may be used to validate the reasonableness of proposed values.

RUC Assigned PIPPA Intensity Values	
Level 1: Presenting problems are self-limited or minor. Straightforward medical decision-making and treatment.	.031
Level 2: Problems are of low intensity. Medical decision-making and treatment of low complexity.	.044
Level 3: Problems are of moderate severity. Medical decision making and treatment of moderate complexity.	.055
Level 4: Problems are of moderate to high severity. Medical decision-making of moderate to high complexity and treatment of high complexity. Critically ill or critically injured patients.	.070
Level 5: Problems are of high severity medical decision making and treatment of high complexity. Critically ill or critically injured patients.	.090

The weighted average PIPPA for 008X2 is 0.044. In reviewing the PIPPA weighted average for 00812 in comparison to other anesthesia services, the expert panel compared 008X2 with anesthesia codes reviewed by the RUC Anesthesia Workgroup as well as the codes reviewed in January 2017. The expert panel agreed that the weighted average of 0.044 is consistent with base unit 4 or 5 as the chart below reflects.

PIPPA Values for Anesthesia Services in the Range of 3 to 5 Base Units			
Base Unit	*Code*	*Short Descriptor*	*PIPPA Intensity*
3	01382	Anesth dx knee arthroscopy	0.034
	00910	Anesth bladder surgery	0.037
4	00142	Anesth lens surgery	0.032
	00830	Anesth repair of hernia	0.035
3	**00812**	**Anesth screening colonoscopy***	**0.044**
4	00811	Anesth lower endoscopy*	0.046
5	00404	Anesth surgery of breast	0.034
	00914	Anesth removal of prostate	0.036
	00813	Anesth uper and lower endoscopy**	0.044
	00731	Anesth upper endocopy**	0.046
*Surveyed for April 2017 RUC **Surveyed for January 2017 RUC			

Comparison to Key Reference Services

Survey respondents chose CPT codes 00910 and 00914 as key reference services.

Most survey respondents found 00812 to be identical or more complex than either of the key reference services – one with a base unit value of 3 and the other with a value of 5. It is the opinion of our expert panel that these ratings of the intensity factors among 00812 and the key reference services fall appropriately in-line and they support the recommended median value of 4 base units.

Comparison to Moderate Sedation Services

When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, the expert panel agreed that comparison to moderate sedation services (99156 and 99157), which the RUC reviewed and valued in 2016, has a clinical rationale. In addition, the expert panel agreed that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction

and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 008X2 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

008X2, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

Base Unit	**Anesthesia Time***	**Time Units****	**Total Anesthesia Units**	**wAnesthesia Units*****	**$ Paid CMS********	**wRVU Equivalent**
3	25	1.7	4.7	3.7	$ 81.57	2.27
4	**25**	**1.7**	**5.7**	**4.5**	**$ 99.20**	**2.76**
5	25	1.7	6.7	5.3	$ 116.84	3.26
6	25	1.7	7.7	6.1	$ 134.47	3.75

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

CPT Code	**Units**	**wRVUs**
99156 (initial 15 min, 5 and older)	1	1.65
99157 (subsequent 15)	1	1.25
Total		**2.90**

Using this analysis, if the median value for base unit value is used, then the anesthesia service would be valued similar to the moderate sedation services (2.76 vs. 2.90). Anesthesia services have higher intensity and work than moderate sedation services. The expert panel agreed that the comparison to moderate sedation supported the recommendation of 4 base units.

Appropriate Rank Order in the Family

The expert panel believes that re-affirming the RUC value of 4 base units will also maintain appropriate rank order in the family. Within this new family of anesthesia for GI endoscopic procedures, 00812 should be valued less than 00813. The median value maintains appropriate rank order within the entire family of anesthesia for GI endoscopic procedure codes.

Code #	Descriptor	Jan 2017 RUC Rec. (Base Units)	April 2017 (Base Units)
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	5	N/A
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	6	N/A
00811*	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	4	4
00812*	**Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy**	**4**	**3**
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	5	N/A

* The RUC made interim recommendations for 008X1 and 008X2.

This recommendation also maintains budget neutrality within the family.

ASA's Recommendations for 008X2 in the Anesthesia for GI Procedure Family

ASA recommends the median value of 4 base units for anesthesia procedure code *00812, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1,545,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 656,316 Percentage 42.48%

Specialty CRNA Frequency 881,577 Percentage 57.06%

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 515,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Anesthesiology Frequency 218,772 Percentage 42.48%

Specialty CRNA Frequency 293,859 Percentage 57.06%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except 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: Anesthesia for GI Procedures (00811 and 00812)

TAB: 4

					Anesthesia Base Unit Value					Total	Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
											Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period										
Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	Time	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
1st REF	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	29			3.00			87.0																										
2nd REF	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	27			5.00			126.0																										
CURRENT									0.0																										
SVY	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	114	2.00	4.00	5.00	5.00	10.00	58.0	4.0	8.0	12.0	15.0	65.0	0.0	5.0	7.0	12.0	35.0	1.0	4.3	6.0	10.0	30.0	3.0	15.0	25.0	35.8	95.0	8	43%	28%	13%	8%	8%	100%
REC	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	114	4.00					58.0	12.0					7.0					6.0					25.0					8	43%	28%	13%	8%	8%	100%

					Anesthesia Base Unit Value					Total	Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
											Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period										
Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	Time	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
1st REF	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	28			3.00			87.0																										
2nd REF	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	19			5.00			126.0																										
CURRENT									0.0																										
SVY	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	97	1.00	3.00	4.00	5.00	40.00	49.0	0.0	5.0	10.0	12.0	65.0	2.0	5.0	6.0	10.0	35.0	2.0	3.0	5.0	10.0	30.0	2.0	11.0	20.0	30.0	75.0	8	52%	23%	11%	7%	7%	100%
REC	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	97	3.00					49.0	10.0					6.0					5.0					20.0					8	52%	23%	11%	7%	7%	100%

CPT Code:__00811, 00812_____
Specialty Society__ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

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:

We are requesting the standard anesthesia PE package. *CMS requested the PERC discuss the appropriateness of direct practice expense of clinical labor employed by the physician as a cost in the facility setting. The PERC carefully discussed the recommendation by the American Society of Anesthesiologists of 11 minutes and agreed that this was a direct practice expense; however, 8 minutes of clinical labor time was more appropriate. The PERC recommends 8 minutes of clinical labor time for all anesthesia codes consisting of 3 minutes of anesthesia scheduling and 5 minutes of case assignment, scheduling coordination, and completion of forms.*

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:

Using code 00810 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum) as a reference code for comparison provides a helpful reference point for practice expense review.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
3 minutes – anesthesia scheduling
5 minutes – case assignment, scheduling coordination, and completion of forms

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:__00811, 00812_____
Specialty Society _ ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

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:

We are requesting the standard anesthesia PE package. *CMS requested the PERC discuss the appropriateness of direct practice expense of clinical labor employed by the physician as a cost in the facility setting. The PERC carefully discussed the recommendation by the American Society of Anesthesiologists of 11 minutes and agreed that this was a direct practice expense; however, 8 minutes of clinical labor time was more appropriate. The PERC recommends 8 minutes of clinical labor time for all anesthesia codes consisting of 3 minutes of anesthesia scheduling and 5 minutes of case assignment, scheduling coordination, and completion of forms.*

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:

Using code 00810 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum) as a reference code for comparison provides a helpful reference point for practice expense review.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
3 minutes – anesthesia scheduling
5 minutes – case assignment, scheduling coordination, and completion of forms

Service Period Clinical Activities:

Pre-Service (of Service Period):
Intra-Service (of Service Period):
Post-Service (of Service Period):

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:*

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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**				**00810**		**00811**		**00811**		**00810**		**00812**		**00812**	
3		***RUC Collaboration Website***				Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 4 Specialty: American Society of Anesthesiologists**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**				**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**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF 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**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**
11		**PRE-SERVICE PERIOD**															
12		**Start: Following visit when decision for surgery or procedure made**															
13	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA												
14	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA												
15	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA												
16	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA												
17	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA												
18	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L037D	RN/LPN/MTA												
19	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA												
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
21				L037D	RN/LPN/MTA												
22				L037D	RN/LPN/MTA												
23				L037D	RN/LPN/MTA												
24	Old	Anesthesia scheduling		L037D	RN/LPN/MTA	3	3	3	3	0	0	3	3	3	3	0	0
25	Old	Case assignment, scheduling coordination and completion of forms		L037D	RN/LPN/MTA	5	5	5	5	0	0	5	5	5	5	0	0
26	New	Schedule (3 min), assign case and complete forms (5 min) for anesthesia		L037D	RN/LPN/MTA					8	8					8	8
27		**End: When patient enters office/facility for surgery/procedure**															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***				**00810**		**00811**		**00811**		**00810**		**00812**		**00812**	
3		***RUC Collaboration Website***				Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	
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5		**LOCATION**				**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**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF 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**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**
28		**SERVICE PERIOD**															
29		**Start: When patient enters office/facility for surgery/procedure:**															
30		**Pre-Service (of service period)**															
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L037D	RN/LPN/MTA												
32	CA010	Obtain vital signs	Vital Sign Standards Level 0 (no vital signs taken) = 0 minutes Level 1 (1-3 vitals) = 3 minutes Level 2 (4-6 vitals) = 5 minutes	L037D	RN/LPN/MTA												
33	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L037D	RN/LPN/MTA												
34	CA012	Review requisition, assess for special needs	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
35	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA												
36	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA												
37	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.	L037D	RN/LPN/MTA												
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA												
39	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L037D	RN/LPN/MTA												
40				L037D	RN/LPN/MTA												
41				L037D	RN/LPN/MTA												
42				L037D	RN/LPN/MTA												
43		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
44		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
45		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
46		**Intra-service (of service period)**															
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA												
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA												
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	This is NOT standard Percentage must be included on PE SOR	L037D	RN/LPN/MTA												
50	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L037D	RN/LPN/MTA												
51				L037D	RN/LPN/MTA												
52				L037D	RN/LPN/MTA												
53				L037D	RN/LPN/MTA												
54		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
55		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF 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**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**
57		**Post-Service (of service period)**															
58	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.	L037D	RN/LPN/MTA												
59	CA023	Monitor patient following procedure/service, no multitasking	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
60	CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA												
61	CA025	Clean scope	Standards For Scope Cleaning --5 minutes for a disposable scope, --10 minutes for a rigid scope, and --30 minutes for a flexible scope	L037D	RN/LPN/MTA												
62	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in equipment (based on guidelines) Basic Surgical Instrument Package--10 minutes Medium Surgical Instrument Package--15 minutes	L037D	RN/LPN/MTA												
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
65	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA												
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	This is NOT standard. Baseline time for this activity is 2 minute. For use in imaging services.	L037D	RN/LPN/MTA												
67	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L037D	RN/LPN/MTA												
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA												
69	CA033	Perform regulatory mandated quality assurance activity (service period)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
71	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities.	L037D	RN/LPN/MTA												
72	CA036	Discharge day management	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)	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
73				L037D	RN/LPN/MTA												
74				L037D	RN/LPN/MTA												
75				L037D	RN/LPN/MTA												
76		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
77		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
78		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
79		**End: Patient leaves office**															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF 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**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**
80		**POST-SERVICE PERIOD**															
81		**Start: Patient leaves office/facility**															
82	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments Phone calls/emails/texts need to be fully justified, as the post op e/m codes already contain time for phone calls/emails/texts and adding any additional phone calls/emails/texts would be duplicative.	L037D	RN/LPN/MTA												
83	CA038	Coordinate post-procedure services	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA												
84		***Office visits: List Number and Level of Office Visits***		**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
85		99211 16 minutes		16													
86		99212 27 minutes		27													
87		99213 36 minutes		36													
88		99214 53 minutes		53													
89		99215 63 minutes		63													
90	CA039	Post-operative visits (total 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**
91				L037D	RN/LPN/MTA												
92				L037D	RN/LPN/MTA												
93				L037D	RN/LPN/MTA												
94		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
95		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
96		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA												
97		**End: with last office visit before end of global period**															

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF 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**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**												
99	SA048	pack, minimum multi-specialty visit		1.143	pack												
100																	
101																	
102																	
103																	
104																	
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*															
106	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	**PRICE**	**EQUIPMENT FORMULA**												
107	EF023	table, exam		1338.17													
108																	
109																	
110																	
111																	
112																	
113		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*															

HISTORY OF THE REVIEW OF THE RUC METHODOLOGY FOR ANESTHESIA SERVICES

Intent of Statute

Anesthesia Base Unit Methodology (est. 1987, pre-RBRVS)

- RBRVS took effect January 1, 1992
- While the radiology fee schedule, which also preceded RBRVS, was folded into RBRVS; Congress deliberately maintained a separate fee schedule for anesthesia services
- Intent of the statute was that consistency between RBRVS and the anesthesia services is adjusted through the anesthesia conversion factor
  - Anesthesia conversion factor (updated annually)
  - Percent of anesthesia units allocated to physician work (updated annually)

2000 Anesthesia Workgroup Meeting	**2002 Anesthesia Workgroup Meeting** *Second Five Year Review*	**2007 Anesthesia Workgroup Meeting** *Third Five Year Review*	**January 2017 RUC Meeting**
RUC DECISION: Validated PIPPA	**RUC DECISION: Validated PIPPA**	**RUC DECISION: Validated PIPPA**	**RUC ACTION: PIPPA one of multiple criteria used to validate RUC recommendation**
• The RUC reached consensus that the 13 codes identified by ASA representing codes account for 54% of all Medicare allowed charges, and 44% of Medicare anesthesia services were undervalued (00142, 00350, 00540, 00562, 00630,00770, 00790, 00840, 00910, 01230, 01270, 01402, 01844) • Reviewed and Validated: (1) ASA building block methodology (relies primarily on a group of E/M codes to be equated to various components of anesthesia services) (2) PIPPA Quintile Intensity Model	• Reviewed and validated 19 codes (00142, 00210, 00350, 00404, 00540, 00562, 00630, 00770, 00790, 00830, 00840, 00910, 00914, 00944, 01230, 01270, 01382, 01402, 01844) • Additional codes added greater spread in base unit values • Validated PIPPA Intensity Values o Level 1 = 0.0224 o Level 2 = 0.031 o Level 3 = 0.051 o Level 4 = 0.070 o Level 5 = 0.085	• The RUC recognized that regression model was a necessary element for calculating PIPPA work for codes other than the original 19 which used a quintile intensity model to determine work • The RUC discussed the floor and ceiling proposed by ASA for the regression, and agreed that the floor could be no less than 0.031 and a ceiling of 0.090 was reasonable. o Validated PIPPA Intensity Values ▪ Level 1 = 0.031 ▪ Level 2 = 0.044 ▪ Level 3 = 0.055 ▪ Level 4 = 0.07 ▪ Level 5 = 0.09	• RUC determined its recommended Anesthesia Base Units for 5 Anesthesia GI services (00731, 00732, 00811, 00812, 00813) based upon a submission that included: o PIPPA Intensity Values o Comparison to Moderate Sedation Values o Comparison to Key Reference Services o Rank Order within the Family

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - Final Rule for 2016

January 2017

Anesthesia for GI Procedures

In the Final Rule for 2016, CMS stated that the anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used for anesthesia furnished in conjunction with lower GI procedures. In reviewing Medicare claims data, CMS noted that a separate anesthesia service is now reported more than 50 percent of the time when several types of colonoscopy procedures are reported. Given the significant change in the relative frequency with which anesthesia codes are reported with colonoscopy services, CMS believes the base units of the anesthesia services should be reexamined. Therefore, CMS identified CPT codes 00740 and 00810 as potentially misvalued.

The RUC reviewed CPT codes 00740 and 00810 in January 2016 and recommended:

1. An interim base unit of 5 for code 00740 and 00810 and notes the comparison to the RUC recommended values for moderate sedation, 99156 and 99157, results in a work RVU equivalent that is only slightly higher than moderate sedation service of the same number of minutes.
2. Referral to the Research Subcommittee for review of the vignettes and to develop a method on how to review the survey data to value these services. The RUC recommended that the specialty societies revise the vignette for the typical patient receiving anesthesia for an EGD for 00740 and for a patient receiving anesthesia for a colonoscopy (45378) for 00810.
3. Resurvey 00740 and 00810 for the April 2016 RUC meeting.

In April 2016, an Ad Hoc Anesthesia Workgroup was formed to discuss the issues surrounding these services. The specialty society requested and the Workgroup agreed that CPT codes 00740 and 00810 are too broad in the range of endoscopic procedures covered under each code and should be referred to the CPT Editorial Panel September 2016 meeting to request a new family of anesthesia codes to describe anesthesia for GI endoscopic procedures. The revised codes will specifically identify those patients undergoing both upper and lower gastrointestinal endoscopic procedures. The RUC recommends CPT codes 00740 and 00810 be referred to CPT to better define these services. The Anesthesia Workgroup also recommended an educational presentation be provided to the RUC on the existing survey and valuation process for anesthesia services since it has not been validated or used for a survey since 2007, including a specific example of how the data from a survey are used to value an anesthesia service.

In September 2016 the CPT Editorial Panel deleted two codes 00740 and 00810 and created two new codes for upper, two new codes for lower and one new code for upper and lower endoscopic procedures.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In January 2017, ASA provided an overview of the anesthesia payment system. The three main points discussed were that payment for anesthesia services are based on a different relative system, time is not a factor in establishing base unit value and payments for anesthesia services use a different formula.

Payments for anesthesia services are based on a different relative system.
The rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Noting that anesthesia base and time units include a combination of work, practice expense and professional liability. For 2017, the percentage of the anesthesia units allocated to physician work is 78.6%

Time is not a factor in establishing base unit value.
Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.
Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place). [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor. The 2017 Anesthesia Conversion Factor is $22.0454.

00731 ***Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified***
The RUC reviewed the survey results from 86 anesthesiologists and determined that the median base unit of 5 appropriately accounts for the work required to administer anesthesia for these services. This new code is projected to represent about 89% of the utilization of the old 00740 service. The specialty society noted that 78% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00731 are equal or slightly more than those for the key reference service 00320 *Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older* (base unit = 6), which supports the base unit recommendation. The specialty society also compared the surveyed service 25 minutes of intra-service (induction period and post-

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induction period) to the moderate sedation codes as this is a clinically comparable service to anesthesia (see table below). The specialty society indicated that anesthesia services have higher intensity and work than moderate sedation services. Therefore, choosing the median base unit of 5 appropriately values this service. If the 25th percentile 4 base units value is used, then the anesthesia service would be valued less than the moderate sedation services (2.76 vs. 2.90) and would cause a rank order anomaly. The recommended median base unit value maintains relativity of values across the entire fee schedule. Lastly, the specialty society indicated and the RUC agreed that a base unit value of 5 for 00731 is in the appropriate rank order compared to what is recommended for 00732. **The RUC recommends a base unit of 5 for CPT code 00731.**

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00731, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified

Base Unit	Anesthesia Time*	Time Units**	Total Anesthesia Units	wAnesthesia Units***	wRVU Equivalent
3	25	1.7	4.7	3.7	2.27
4	25	1.7	5.7	4.5	2.76
5	**25**	**1.7**	**6.7**	**5.2**	**3.26**
6	25	1.7	7.7	6.0	3.75
7	25	1.7	8.7	6.8	4.18

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 25 min over age 5, different physician	wRVUs
99156 x 1	1.65
99157 x 1	1.25
Total	**2.90**

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00732 ***Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)***

The RUC reviewed the survey results from 63 anesthesiologists and determined that the median base unit of 6 appropriately accounts for the work required to administer anesthesia for these services. This new code is projected to represent about 11% of the utilization of the old 00740 service. The specialty society noted that 81% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00732 are equal or slightly more than those for the top two key reference services 00320 *Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older* (base unit = 6) and 00840 *Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified* (base unit= 6), which supports the base unit recommendation. The specialty society also compared the surveyed service 65 minutes of intra-service (induction period and post-induction period) to the moderate sedation codes as this is a clinically comparable service to anesthesia (see table below). Recommending the median base units of 6 values this anesthesia service less than the moderate sedation services (4.98 to 5.40 work RVUs). However, recommending the 75th percentile base unit of 7 would not maintain the relativity compared to the key reference services and would not maintain the proper rank order with 00731. The specialty society indicated that the post-induction period procedure anesthesia (PIPPA) intensity is the highest for this service compared to the other four anesthesia services that have a base unit of 6. The specialty societies indicated that CPT code 00732 is the most intense compared to those services and is therefore valued appropriately at 6 base units. The RUC agreed that the anesthesia work for ERCP is more intense than 00731. **The RUC recommends a base unit of 6 for CPT code 00732.**

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00732, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

Base Unit	Anesthesia Time*	Time Units**	Total Anesthesia Units	wAnesthesia Units***	wRVU Equivalent
5	65	4.3	9.3	7.3	4.48
6	**65**	**4.3**	**10.3**	**8.1**	**4.98**
7	65	4.3	11.3	8.9	5.47
8	65	4.3	12.3	9.7	5.96

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF

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The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 65 min over age 5, different physician	wRVUs
99156 x 1	1.65
99157 x 3	3.75
Total	**5.40**

00811 ***Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified***
The RUC reviewed the survey results from 53 anesthesiologists and determined that the survey 25th percentile base unit of 4 appropriately accounts for the work required to administer anesthesia for these services. The RUC noted that this service will typically be reported 1,205,000 times for Medicare patients and therefore did not meet the threshold of 75 surveys. The recommend value for this service will be interim and the specialty society will need to resurvey for the April 2017 RUC meeting.

This new code represents about 70% of the Medicare utilization of the old 00810 service. The specialty society noted that 87% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00811 are equal or slightly more than those for the top two key reference services 00914 *Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate* (base unit = 5) and 00830 *Anesthesia for hernia repairs in lower abdomen; not otherwise specified* (base unit = 4), which supports the base unit recommendation. The RUC noted that the overall intensity for the lower GI anesthesia services is less than the upper GI services 00731 and 00732. Therefore, the survey 25th percentile and median base unit of 4 is more appropriate than the initial specialty society recommendation of 5 base units, the survey 75% percentile. **The RUC recommends an interim base unit of 4 for CPT code 00811. The specialty society will resurvey and present for April 2017.**

00812 ***Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy***
The RUC reviewed the survey results from 47 anesthesiologists and determined that the survey median base unit of 4 appropriately accounts for the work required to administer anesthesia for these services. The RUC noted that this service will typically be reported 515,000 and therefore did not meet the threshold of 50 surveys. The recommend value for this service will be interim and the specialty society will need to resurvey for the April 2017 RUC meeting.

This new code represents about 30% of the Medicare utilization of the old 00810 service. The specialty society noted that 90% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00812 are slightly less intense than those for the top two key reference services 00910 *Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise*

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specified (base unit = 3) and 00914 *Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate* (base unit = 5), which supports the base unit recommendation. Based on the RUC reviewer comments, screening colonoscopies typically may be less intense than the diagnostic or procedural colonoscopy, therefore are recommending 4 base units. Additionally, the survey respondents indicated that the PIPPA for 00812 is higher/more intense for this service than the other two anesthesia services with a base unit of 4, thus supporting the value. The RUC agreed that this service should be valued lower than the anesthesia for upper GI services CPT codes 00731 and 00732 and thus is valued appropriately. **The RUC recommends an interim base unit of 4 for CPT code 00812. The specialty society will resurvey and present for April 2017.**

00813 ***Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum***

The RUC reviewed the survey results from 47 anesthesiologists and determined that the survey median base unit of 5 appropriately accounts for the work required to administer anesthesia for these services. This new code represents less than 1% of the old 00810 service. The specialty society noted that 85% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00813 are equal or slightly more than those for the top two key reference services 00320 *Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older* (base unit = 6) and 00830 *Anesthesia for hernia repairs in lower abdomen; not otherwise specified* (base unit = 4), which supports the base unit recommendation. The RUC noted that this service includes anesthesia for the combined upper and lower GI procedures, codes 00731 and 00811. Therefore, a base unit of 5 places this service in the proper rank order with this family of services. **The RUC recommends a base unit of 5 for CPT code 00813.**

Practice Expense

The specialty society requested the standard 8 minutes of colorectal service time as is consistent for all anesthesia codes. The RUC recommends the direct practice expense inputs as submitted by the specialty society.

Work Neutrality:

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Base Unit Recommendation
Anesthesia **Upper Abdomen**				
D 00740	-	~~Anesthesia for upper gastrointestinal endoscopic procedures, endoscope Introduced proximal to duodenum~~ (00740 has been deleted. To report, see 00731, 00732)	-	~~5~~
●00731	N1	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	XXX	5
●00732	N2	endoscopic retrograde cholangiopancreatography (ERCP) (For combined upper and lower gastrointestinal endoscopic procedures, use 00813)	XXX	6

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Lower Abdomen				
D 00810	-	~~Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum~~ (00810 has been deleted. To report, see 00811, 00812, 00813)	-	~~5~~
●00811	N3	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	XXX	4 (Interim)
●00812	N4	screening colonoscopy (Report 00812 to describe anesthesia for any screening colonoscopy regardless of ultimate findings)	XXX	4 (Interim)
●00813	N5	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	XXX	5

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00731 Tracking Number: N1 Original Specialty Recommended Base Unit Value: **5**
Presented Recommended Base Unit Value: **5**
Global Period:XXX RUC Recommended Base Unit Value: **5**

CPT Descriptor: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old patient with abdominal pain and persistent dyspepsia undergoes EGD. Evaluation of the upper GI track is performed and multiple biopsies are taken for histology and Helicobacter pylori (H. pylori) rapid urease test.

Percentage of Survey Respondents who found Vignette to be Typical: 77.91%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. A GI bite block (mouth guard) is placed between the teeth to prevent patient from biting on the endoscope. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. The resulting position along with the presence of the endoscope may compromise access to the airway should it be necessary to assist ventilation during the procedure. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to the recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017

Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD				
Specialty(s):	American Society of Anesthesiologists				
CPT Code:	00731				
Sample Size:	3190	**Resp n:**	86	**Resp :** 2.69%	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	5000.00
Survey Base Unit Values:	1.00	4.00	**5.00**	6.00	8.00
Pre-Anesthesia Time:					
Evaluation	**2.00**	**10.00**	**10.00**	**15.00**	**30.00**
Equipment/Supply Preparation	**0.00**	**5.00**	**9.00**	**10.00**	**30.00**
Intra-op Anesthesia Time:					
Induction Period	2.00	5.00	**5.00**	7.00	15.00
Post-Induction Period	2.00	12.75	**20.00**	30.00	55.00
Post-Anesthesia Time:			**10.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00731	
	Specialty Recommended
Base Unit Value:	**5.00**
Pre-Anesthesia Time:	
Evaluation	**10.00**
Equipment/Supply Preparation	**9.00**
Intra-op Anesthesia Time:	
Induction Period	**5.00**
Pos-Induction Period	**20.00**
Post-Anesthesia Time:	**10.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00320	XXX	6	Other

CPT Descriptor Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00910	XXX	3	**Other**

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 36 **% of respondents:** 41.8 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 18.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 00731**	**Top Key CPT Code: 00320**	**2nd Key CPT Code: 00910**
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	9.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	10.00	0.00	0.00
Median Total Time	**54.00**	**129.00**	**87.00**

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.00	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.11	0.31
Urgency of medical decision making	-0.03	0.31
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.03	0.19
Physical effort required	0.19	0.19
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.44	0.75
Outcome depends on the skill and judgment of physician	0.36	0.56

Estimated risk of malpractice suit with poor outcome	0.47	0.63

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.19	0.69

Post-Induction Anesthesia
Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	39.60
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	29.10
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	16.50
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	8.00
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	6.80
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the

existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Overview of Anesthesia Base Unit Methodology

As a reminder, payment for anesthesia services is different than for RBRVS codes.

Payment for anesthesia services is based on a different relative system.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

Time is not a factor in establishing base unit value.

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

The anesthesia conversion factor is different than the RBRVS conversion factor.

- 2017 RBRVS Conversion Factor = $35.8887
- 2017 Anesthesia Conversion Factor = $22.0454

Example Payment Calculation for Anesthesia Procedure Code
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This includes work, practice expense and professional liability.

January 2017 RUC Work Survey and ASA Recommendation
ASA surveyed 00731 for the January 2017 RUC meeting. A total of 86 responses were received from a random sample of 3,190 ASA members (2.7% response rate). ASA convened an Expert Panel to review the survey data. ***ASA is recommending the median value of 5 base units for 00731.***

Rationale for Recommendation
ASA is basing its recommendation of the median value of 5 base units for code 00731 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

Comparison to Key Reference Services
Survey respondents chose the following key reference services:

	Code Number	Description	Base Unit
Top Key Code	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6
2nd Key Code	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	3

Survey respondents found 00731 to be near or slightly more intense than anesthesia procedure code 00320, with intensity ratings ranging from -0.3 to .47. They also found 00731 to be more intense than 00910, with intensity ratings ranging from 0.19 to 0.75.

It is the opinion of our Expert Panel that these ratings of the intensity factors among 00731 and the key reference services fall appropriately in-line and they support the recommended median value of 5 base units.

Comparison to Moderate Sedation Services
When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which

the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services using the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for *different possible base units* and median survey time for 00731 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00731, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified

Base Unit	**Anesthesia Time***	**Time Units****	**Total Anesthesia Units**	**wAnesthesia Units*****	**$ Paid CMS********	**wRVU Equivalent**
3	25	1.7	4.7	3.7	$81.57	2.27
4	25	1.7	5.7	4.5	$99.20	2.76
5	**25**	**1.7**	**6.7**	**5.2**	**$116.84**	**3.26**
6	25	1.7	7.7	6.0	$134.48	3.75
7	25	1.7	8.7	6.8	$149.91	4.18

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 25 min over age 5, different physician	wRVUs
99156 x 1	1.65
99157 x 1	1.25
Total	**2.90**

Using this analysis, if the 25th percentile for base unit value is used, then the anesthesia service would be valued LESS than the moderate sedation services (2.76 vs. 2.90). Because anesthesia services have higher intensity and work than moderate sedation services, choosing the 25th percentile would cause a rank order anomaly. The recommended median base unit value maintains relativity of values across the entire fee schedule and is consistent with the other two methodologies for determining value of base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, the ASA recommends the median value of 5 base units and feels the comparison to moderate sedation services supports the median value.

Appropriate Rank Order in the Family

Based on the recommended values, 00731 is less than 00732 which describes anesthesia for ERCP. The intensity/complexity and pre/post work is greater for 00732. Therefore Expert Panel believes that the value of 5 base units for 00731 is appropriate.

		00731	00732	00811	00812	00813**
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
Respondents		86	63	53	47	47
Total Sent		3190	3195	3197	3197	3197
Response Rate		2.7%	2.0%	1.7%	1.5%	1.5%
Base Units	**Low**	1	2	3	3	3
	25th	4	5	4	3	4
	Med.	5*	6*	4	4*	5
	75th	6	7	5*	5	7
	High	8	18	15	8	10

*Recommended value

** Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

ASA's Recommendations for 00731 in the Anesthesia for GI Procedure Family

ASA recommends a value of 5 base units for anesthesia procedure code *00731, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00740

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,534,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 1,767,000 Percentage 50%

Specialty CRNA Frequency 1,767,000 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? 1,178,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesia Frequency 589,000 Percentage 50.00%

Specialty CRNA Frequency 589,000 Percentage 50.00%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00732 Tracking Number: N2 Original Specialty Recommended Base Unit Value: **6**
Presented Recommended Base Unit Value: **6**
Global Period:XXX RUC Recommended Base Unit Value: **6**

CPT Descriptor: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient presents with abdominal pain and abnormal laboratory tests (AST, ALT, alkaline phosphatase, total bilirubin, amylase). Imaging studies show an apparent retained common bile duct stone. Therapeutic ERCP with stone removal is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 80.95%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR), radiology suite or GI suite). In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], and end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and correct procedure. Preoxygenate the patient and then induce and intubate the patient. After the airway is secured, place the GI bite block (mouth guard) between the teeth to prevent patient from biting on the endoscope. Place the patient in the prone position, place a pillow under their right chest for slight tilt, ensure neck extension is neutral with head toward right shoulder and pressure points are padded (e.g., head on foam or towel ring to prevent pressure on down orbit, nose, ear, or mouth). Since fluoroscopy is generally used during this procedure, confirm that necessary x-ray protection is placed on the patient. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout. At the end of the procedure, turn patient supine, emerge the patient and extubate when medically appropriate. Then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD

Specialty(s):	American Society for Anesthesiologists					
CPT Code:	00732					
Sample Size:	3195	**Resp n:**	63	**Resp :** 1.97%		
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	12.00	**25.00**	42.50	1400.00	
Survey Base Unit Values:	2.00	5.00	**6.00**	7.00	18.00	
Pre-Anesthesia Time:						
Evaluation	**5.00**	**10.00**	**15.00**	**15.00**	**35.00**	
Equipment/Supply Preparation	**0.00**	**7.50**	**10.00**	**15.00**	**30.00**	
Intra-op Anesthesia Time:						
Induction Period	2.00	5.00	**10.00**	10.00	20.00	
Post-Induction Period	5.00	30.00	**55.00**	60.00	150.00	
Post-Anesthesia Time:			**10.00**			

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00732	
	Specialty Recommended
Base Unit Value:	**6.00**
Pre-Anesthesia Time:	
Evaluation	**15.00**
Equipment/Supply Preparation	**10.00**
Intra-op Anesthesia Time:	
Induction Period	**10.00**
Pos-Induction Period	**55.00**
Post-Anesthesia Time:	**10.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00320	XXX	6	Other

CPT Descriptor Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00840	XXX	6	**Other**

CPT Descriptor Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 20 **% of respondents:** 31.7 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 20.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 00732**	**Top Key CPT Code: 00320**	**2nd Key CPT Code: 00840**
Median Pre-Service Time		0.00	0.00
Evaluation	15.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	10.00		
Post-Induction Period	55.00		
Median Post-service Time	10.00	0.00	0.00
Median Total Time	**100.00**	**129.00**	**185.00**

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 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	0.30	0.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.30	0.62
Urgency of medical decision making	0.15	0.77
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.15	0.62
Physical effort required	0.50	0.77
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.60	0.77
Outcome depends on the skill and judgment of physician	0.30	0.54

Estimated risk of malpractice suit with poor outcome	0.55	0.69

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.60	0.85

Post-Induction Anesthesia
Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	33.40
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	30.30
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	19.80
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	9.90
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	6.60
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the

vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Overview of Anesthesia Base Unit Methodology

As a reminder, payment for anesthesia services is different than for RBRVS codes.

Payment for anesthesia services is based on a different relative system.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

Time is not a factor in establishing base unit value.

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicate that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

The anesthesia conversion factor is different than the RBRVS conversion factor.

- 2017 RBRVS Conversion Factor = $35.8887
- 2017 Anesthesia Conversion Factor = $22.0454

Example Payment Calculation for Anesthesia Procedure Code
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This includes work, practice expense and professional liability.

January 2017 RUC Work Survey and ASA Recommendation
ASA surveyed 00732 for the January 2017 RUC meeting. A total of 63 responses were received from a random sample of 3,195 ASA members (2.0% response rate). ASA convened an Expert Panel to review the survey data. ***ASA is recommending the median value of 6 base units for 00732.***

Rationale for Recommendation
ASA is basing its recommendation of the median value of 6 base units for code 00732 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

Comparison to Key Reference Services
Survey respondents chose the following key reference services:

	Code Number	Description	Base Unit
Top Key Code	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6
2nd Key Code	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	6

Survey respondents found 00732 to be near or slightly more intense than anesthesia procedure code 00320, with intensity ratings ranging from 0.15 to 0.60. They also found 00732 to be more intense than 00840, with intensity ratings ranging from 0.46 to 0.85.

It is the opinion of our Expert Panel that these ratings of the intensity factors among 00732 and the key reference services fall appropriately in-line and supports the recommended median value of 6 base units.

Comparison to Moderate Sedation Services
When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to

wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00732 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00732, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

Base Unit	Anesthesia Time*	Time Units**	Total Anesthesia Units	wAnesthesia Units***	$ Paid CMS****	wRVU Equivalent
5	65	4.3	9.3	7.3	$160.93	4.48
6	**65**	**4.3**	**10.3**	**8.1**	**$178.57**	**4.98**
7	65	4.3	11.3	8.9	$196.20	5.47
8	65	4.3	12.3	9.7	$213.84	5.96

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 65 min over age 5, different physician	**wRVUs**
99156 x 1	1.65

99157 x 3	3.75
Total	**5.40**

Using this analysis, if the median value (6 base units) from the survey was used, the anesthesia service would be valued LESS than the moderate sedation services (4.98 to 5.40 work RVUs). The ASA's Expert Panel felt that recommending the 75th percentile for base unit would keep relativity as compared to moderate sedation services, but did not feel it would be consistent with the other two methods in determining value of the base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, ASA recommends the median value of 6 anesthesia base units and feels the comparison to moderate sedation services supports an even higher value.

Appropriate Rank Order in the Family
Compared to the other code for 00731, anesthesia for upper endoscopy, the ASA Expert Panel believes that 00732 should have a higher base unit value than 00731. The intra-anesthesia intensity and complexity is greater for this anesthetic than for anesthesia services described under 00731. Also, the pre-anesthesia and post-anesthesia work is greater for services described by 00732 than for those described by 00731. This procedure is typically performed in the prone position, making access to the airway more difficult than it is in 00731. The recommended median value of 6 base units establishes appropriate rank order in the family.

		00731	**00732**	**00811**	**00812**	**00813****
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
Respondents		86	63	53	47	47
Total Sent		3190	3195	3197	3197	3197
Response Rate		2.7%	2.0%	1.7%	1.5%	1.5%
Base Units	**Low**	1	2	3	3	3
	25th	4	5	4	3	4
	Med.	5*	6*	4	4*	5
	75th	6	7	5*	5	7
	High	8	18	15	8	10

*Recommended value
** Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

ASA's Recommendations for 00732 in the Anesthesia for GI Procedure Family
ASA recommends the median value of 6 base units for anesthesia procedure code *00732, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP).*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00740

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 429,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 214,5000 Percentage 50%

Specialty CRNA Frequency 214,500 Percentage 50%

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 143,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesiology Frequency 71500 Percentage 50.00%

Specialty CRNA Frequency 71500 Percentage 50.00%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00811 Tracking Number: N3 Original Specialty Recommended Base Unit Value: **5**
Presented Recommended Base Unit Value: **5**
Global Period:XXX RUC Recommended Base Unit Value: **4**

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient presents with diarrhea, anemia, and intermittent rectal bleeding. Colonoscopy with biopsies of a lesion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 86.79%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017

Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD				
Specialty(s):	American Society of Anesthesiologists				
CPT Code:	00811				
Sample Size:	3197	**Resp n:**	53	**Resp :** 1.65%	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**50.00**	100.00	2340.00
Survey Base Unit Values:	3.00	4.00	**4.00**	5.00	15.00
Pre-Anesthesia Time:					
Evaluation	**5.00**	**10.00**	**10.00**	**15.00**	**30.00**
Equipment/Supply Preparation	**0.00**	**5.00**	**10.00**	**10.00**	**30.00**
Intra-op Anesthesia Time:					
Induction Period	2.00	5.00	**5.00**	8.00	40.00
Post-Induction Period	2.00	10.00	**20.00**	30.00	180.00
Post-Anesthesia Time:			**10.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00811	
	Specialty Recommended
Base Unit Value:	**5.00**
Pre-Anesthesia Time:	
Evaluation	**10.00**
Equipment/Supply Preparation	**10.00**
Intra-op Anesthesia Time:	
Induction Period	**5.00**
Pos-Induction Period	**20.00**
Post-Anesthesia Time:	**10.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00914	XXX	5	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00830	XXX	4	**Other**

CPT Descriptor Anesthesia for hernia repairs in lower abdomen; not otherwise specified

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 10 **% of respondents:** 18.8 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 18.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 00811**	**Top Key CPT Code: 00914**	**2nd Key CPT Code: 00830**
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	10.00	0.00	0.00
Median Total Time	**55.00**	**126.00**	**124.00**

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.20	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.20	0.10
Urgency of medical decision making	0.30	0.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.20	0.10
Physical effort required	0.40	0.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.10	0.30
Outcome depends on the skill and judgment of physician	0.30	0.10
Estimated risk of malpractice suit with poor outcome	0.40	0.10

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.40	0.20

Post-Induction Anesthesia
Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	47.70
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	27.40
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	12.40
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	6.70
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	5.90
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the

vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Overview of Anesthesia Base Unit Methodology

As a reminder, payment for anesthesia services is different than for RBRVS codes.

Payment for anesthesia services is based on a different relative system.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

Time is not a factor in establishing base unit value.

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

The anesthesia conversion factor is different than the RBRVS conversion factor.

- 2017 RBRVS Conversion Factor = $35.8887
- 2017 Anesthesia Conversion Factor = $22.0454

Example Payment Calculation for Anesthesia Procedure Code
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This includes work, practice expense and professional liability.

January 2017 RUC Work Survey and ASA Recommendation
ASA surveyed 00811 for the January 2017 RUC meeting. A total of 53 responses were received from a random sample of 3,197 ASA members (1.7% response rate). ASA convened an expert panel to review the survey data. ***ASA is recommending the 75th percentile of 5 base units.***

Rationale for Recommendation
ASA is basing its recommendation of the 75th percentile value of 5 base units for code 00811 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

Comparison to Key Reference Services
Survey respondents chose the following key reference services:

	Code Number	Description	Base Unit
Top Key Code	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	5
2nd Key Code	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	4

Survey respondents found 00811 to be near or slightly more complex/intense than anesthesia procedure code 00914 (ratings ranging from 0.10 to 0.40) and 00830 (ratings ranging from 0.10 to 0.30).

It is the opinion of our expert panel that these ratings of the intensity factors among 00811 and the key reference services fall appropriately in-line and they support the recommended 75th percentile value of 5 base units.

Comparison to Moderate Sedation Services
When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent

wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00811 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00811, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

Base Unit	**Anesthesia Time***	**Time Units****	**Total Anesthesia Units**	**wAnesthesia Units*****	**$ Paid CMS********	**wRVU Equivalent**
3	25	1.7	4.7	3.7	$ 81.57	2.27
4	25	1.7	5.7	4.5	$ 99.20	2.76
5	**25**	**1.7**	**6.7**	**5.3**	**$ 116.84**	**3.26**
6	25	1.7	7.7	6.1	$ 134.48	3.75
7	25	1.7	8.7	6.8	$ 149.91	4.18

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 25 min over age 5, different physician	**wRVUs**
99156 x 1	1.65
99157 x 1	1.25

Total	**2.90**

Using this analysis, if the median value for base unit value is used, then the anesthesia service would be valued LESS than the moderate sedation services (2.76 vs. 2.90). Because anesthesia services have higher intensity and work than moderate sedation services, choosing the median value would cause a rank order anomaly. The recommended 75th percentile base unit value maintains relativity of values across the entire fee schedule and is consistent with the other two methodologies for determining value of base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, the ASA recommends the 75th percentile value of 5 anesthesia base units and feels the comparison to moderate sedation services supports the median value.

Appropriate Rank Order in the Family
Within this new family of anesthesia for GI endoscopic procedures, 00811 should be valued at the same level as 00731, but not as much as 00732. When compared to 00731, there are more instances in which there may be unanticipated stimulation due to intermittent insufflation and possible tissue excision during the procedures. The 75th percentile base unit value maintains appropriate rank order within the entire family of anesthesia for GI endoscopic procedure codes.

		00731	**00732**	**00811**	**00812**	**00813****
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
Respondents		86	63	53	47	47
Total Sent		3190	3195	3197	3197	3197
Response Rate		2.7%	2.0%	1.7%	1.5%	1.5%
Base Units	**Low**	1	2	3	3	3
	25th	4	5	4	3	4
	Med.	5*	6*	4	4*	5
	75th	6	7	5*	5	7
	High	8	18	15	8	10

*Recommended value
**Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

ASA's Recommendations for 00811 in the Anesthesia for GI Procedure Family
ASA recommends the 75th percentile value of 5 base units for anesthesia procedure code *00811, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00810

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,165,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 1,807,500 Percentage 50%

Specialty CRNA Frequency 1,807,500 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? 1,205,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesiology Frequency 602500 Percentage 50.00%

Specialty CRNA Frequency 602500 Percentage 50.00%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00812 Tracking Number: N4 Original Specialty Recommended Base Unit Value: **4**
Presented Recommended Base Unit Value: **4**
Global Period:XXX RUC Recommended Base Unit Value: **4**

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64 year-old patient is referred for colorectal cancer screening.

Percentage of Survey Respondents who found Vignette to be Typical: 89.36%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD

Specialty(s):	American Society of Anesthesiologists				
CPT Code:	00812				
Sample Size:	3197	**Resp n:**	47	**Resp :** 1.47%	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	22.50	**50.00**	100.00	500.00
Survey Base Unit Values:	3.00	3.00	**4.00**	5.00	8.00
Pre-Anesthesia Time:					
Evaluation	**3.00**	**7.00**	**10.00**	**15.00**	**30.00**
Equipment/Supply Preparation	**0.00**	**5.00**	**10.00**	**10.00**	**20.00**
Intra-op Anesthesia Time:					
Induction Period	2.00	5.00	**5.00**	7.00	15.00
Post-Induction Period	2.00	10.00	**20.00**	30.00	60.00
Post-Anesthesia Time:			**10.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00812	
	Specialty Recommended
Base Unit Value:	**4.00**
Pre-Anesthesia Time:	
Evaluation	**10.00**
Equipment/Supply Preparation	**10.00**
Intra-op Anesthesia Time:	
Induction Period	**5.00**
Pos-Induction Period	**20.00**
Post-Anesthesia Time:	**10.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00910	XXX	3	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00914	XXX	5	**Other**

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 11 **% of respondents:** 23.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 00812**	**Top Key CPT Code: 00910**	**2nd Key CPT Code: 00914**
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	10.00	0.00	0.00
Median Total Time	**55.00**	**87.00**	**126.00**

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.09	-0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.14
Urgency of medical decision making	-0.09	-0.29
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.18	0.29
Physical effort required	-0.09	0.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.18	-0.29
Outcome depends on the skill and judgment of physician	-0.09	0.14
Estimated risk of malpractice suit with poor outcome	0.09	0.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.18	0.00

Post-Induction Anesthesia
Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	52.00
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	26.20
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	11.20
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	6.20
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	4.40
Total (must total 100%)	99.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Overview of Anesthesia Base Unit Methodology

As a reminder, payment for anesthesia services is different than for RBRVS codes.

Payment for anesthesia services is based on a different relative system.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

Time is not a factor in establishing base unit value.

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

Payments for anesthesia services use a different formula.

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

The anesthesia conversion factor is different than the RBRVS conversion factor.

- 2017 RBRVS Conversion Factor = $35.8887
- 2017 Anesthesia Conversion Factor = $22.0454

Example payment calculation for anesthesia procedure code.
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This includes work, practice expense and professional liability.

January 2017 RUC Work Survey and ASA Recommendation
ASA surveyed 00812 for the January 2017 RUC meeting. A total of 47 responses were received from a random sample of 3,197 ASA members (1.5% response rate). ASA convened an Expert Panel to review the survey data. ***ASA is recommending the median of 4 base units for 00812.***

Rationale for Recommendation
ASA is basing its recommendation of the median value of 4 base units for code 00812 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

Comparison to Key Reference Services
Survey respondents chose the following key reference services:

	Code Number	Description	Base Unit
Top Key Code	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	3
2nd Key Code	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	5

Survey respondents found 00812 to be around the same complexity/intensity than key reference code 00910 (ratings range from -0.18 to 0.09) and 00914 (ratings from -0.29 to 0.29). It is the opinion of our Expert Panel that these ratings of the intensity factors among 00812 and the key reference services fall appropriately in-line and they support the recommended median value of 4 base units.

Comparison to Moderate Sedation Services
When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00812 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00812, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

Base Unit	**Anesthesia Time***	**Time Units****	**Total Anesthesia Units**	**wAnesthesia Units*****	**$ Paid CMS********	**wRVU Equivalent**
3	25	1.7	4.7	3.7	$ 81.57	2.27
4	**25**	**1.7**	**5.7**	**4.5**	**$ 99.20**	**2.76**
5	25	1.7	6.7	5.3	$ 116.84	3.26
6	25	1.7	7.7	6.1	$ 134.48	3.75
7	25	1.7	8.7	6.8	$ 149.91	4.18

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 25 min over age 5, different physician	**wRVUs**
99156 x 1	1.65
99157 x 1	1.25
Total	**2.90**

If the median value (4 base units) from the survey is used, the anesthesia service would be valued LESS than the moderate sedation services (2.76 vs. 2.90 work RVUs). The ASA expert panel felt that recommending the 75th percentile for base unit would keep relativity as compared to moderate sedation, but did not feel it would be consistent with the other two methods in determining the value of the base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, ASA is recommending the median value of 6 anesthesia units and feels the comparison to moderate sedation services supports an even higher value.

Appropriate Rank Order in the Family

Within this new family of anesthesia for lower GI procedures, ASA's Expert Panel believes the 00812 base unit should have a lower value than 00811. The Expert Panel decision is based on the fact that the typical patient presenting for screening colonoscopy requires less preoperative and postoperative work. The median value of 4 base units for this procedure maintains appropriate rank order within this family of anesthesia codes.

		00731	**00732**	**00811**	**00812**	**00813****
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
Respondents		86	63	53	47	47
Total Sent		3190	3195	3197	3197	3197
Response Rate		2.7%	2.0%	1.7%	1.5%	1.5%
Base Units	**Low**	1	2	3	3	3
	25th	4	5	4	3	4
	Med.	5*	6*	4	4*	5
	75th	6	7	5*	5	7
	High	8	18	15	8	10

*Recommended value

** Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

ASA's Recommendations for 00812 in the Anesthesia for GI Procedure Family

Although this creates a rank order anomaly compared to moderate sedation for the same intra-anesthesia time, ASA recommends the median value of 4 base units for anesthesia procedure code *00812, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00810

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1,545,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 772,500 Percentage 50%

Specialty CRNA Frequency 772,500 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? 515000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesia Frequency 257500 Percentage 50.00%

Specialty CRNA Frequency 257500 Percentage 50.00%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00813 Tracking Number: N5 Original Specialty Recommended Base Unit Value: **6**
Presented Recommended Base Unit Value: **5**
Global Period:XXX RUC Recommended Base Unit Value: **5**

CPT Descriptor: Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year-old patient with persistent abdominal pain, positive fecal blood tests and mild anemia on lab exam presents for upper and lower GI endoscopic procedures to determine cause of occult bleeding.

Percentage of Survey Respondents who found Vignette to be Typical: 85.11%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. A GI bite block (mouth guard) is placed between the teeth to prevent patient from biting on the endoscope. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. The resulting position along with the presence of the endoscope may compromise access to the airway should it be necessary to assist ventilation during the procedure. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the upper endoscopy procedure, the patient's stretcher is turned 180 degrees. After the turning the bed, the patient's ventilation is reevaluated. Monitors and intravenous access are assessed. Although the initial position for the lower endoscopic procedure is the left lateral position, during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the post-anesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017					
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD					
Specialty(s):	American Society of Anesthesiologists					
CPT Code:	00813					
Sample Size:	3197	**Resp n:**	47	**Resp :** 1.47%		
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	20.00	**50.00**	72.50	200.00	
Survey Base Unit Values:	3.00	4.00	**5.00**	7.00	10.00	
Pre-Anesthesia Time:						
Evaluation	**5.00**	**10.00**	**10.00**	**15.00**	**30.00**	
Equipment/Supply Preparation	**0.00**	**5.00**	**10.00**	**10.00**	**30.00**	
Intra-op Anesthesia Time:						
Induction Period	2.00	5.00	**5.00**	10.00	20.00	
Post-Induction Period	2.00	20.00	**35.00**	52.50	180.00	
Post-Anesthesia Time:			**10.00**			

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00813	
	Specialty Recommended
Base Unit Value:	**6.00**
Pre-Anesthesia Time:	
Evaluation	**10.00**
Equipment/Supply Preparation	**10.00**
Intra-op Anesthesia Time:	
Induction Period	**5.00**
Pos-Induction Period	**35.00**
Post-Anesthesia Time:	**10.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00320	XXX	6	Other

CPT Descriptor Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00830	XXX	4	**Other**

CPT Descriptor Anesthesia for hernia repairs in lower abdomen; not otherwise specified

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source
		0	

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 Top Key Reference Code: 12 **% of respondents:** 25.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 00813**	**Top Key CPT Code: 00320**	**2nd Key CPT Code: 00830**
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	35.00		
Median Post-service Time	10.00	0.00	0.00
Median Total Time	**70.00**	**129.00**	**124.00**

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.38
Urgency of medical decision making	0.42	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.25	0.25
Physical effort required	0.42	0.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.50	0.50
Outcome depends on the skill and judgment of physician	0.58	0.38

Estimated risk of malpractice suit with poor outcome	0.58	0.13

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.42	0.50

Post-Induction Anesthesia
Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	45.80
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Total (must total 100%)	99.00%

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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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Time is not a factor in establishing base unit value.

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

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- 2017 Anesthesia Conversion Factor = $22.0454

Example Payment Calculation for Anesthesia Procedure Code
Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.0454 per unit = 7.3 x $22.0454 = $160.93. This includes work, practice expense and professional liability.

January 2017 RUC Work Survey and ASA Recommendation
ASA surveyed 00813 for the January 2017 RUC meeting. Anesthesia procedure code 00813 describes patients undergoing both upper and lower gastrointestinal endoscopic procedures sequentially on the same day. This code includes the additional anesthesia work during a combined procedure, such as repositioning, responding to physiologic changes when reinserting the scope into a different location, and other non-duplicative work involved in the additional procedure.

A total of 47 responses were received from a random sample of 3,197 ASA members (1.5% response rate). ASA convened an Expert Panel to review the survey data. ***ASA is recommending a value of 6 base units for 00813.***

Rationale for Recommendation
ASA is basing its recommendation of 6 base units for code 00813 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

Comparison to Key Reference Services
Survey respondents chose the following key reference services:

	Code Number	Description	Base Unit
Top Key Code	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6
2nd Key Code	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	4

Survey respondents found 00813 to be a little more complex/intense than anesthesia procedure code 00320 (ratings ranging from 0.25 to 0.58) and anesthesia procedure code 00830 (ratings ranging from 0.25 to 0.50).

It is the opinion of our Expert Panel that these ratings of the intensity factors among 00813 and the key reference services fall appropriately in-line and they support the recommended value of 6 base units.

Comparison to Moderate Sedation Services
When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which

the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula (***Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

wRVUs vs Anesthesia Base Units	
2017 RBRVS CF/ RVU	$35.8887
2017 Anesthesia CF/ ASA unit	$22.0454
% Base Units that is work	0.786

Moderate Sedation Services	
Code	**wRVUs**
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00813 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

00813, Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Base Unit	Anesthesia Time*	Time Units**	Total Anesthesia Units	wAnesthesia Units***	$ Paid CMS****	wRVU Equivalent
5	40	2.7	7.7	6.1	$ 134.48	3.75
6	**40**	**2.7**	**8.7**	**6.8**	**$ 149.91**	**4.18**
7	40	2.7	9.7	7.6	$ 167.55	4.67
8	40	2.7	10.7	8.4	$ 185.18	5.16

*Median survey for induction and post-induction time which equals intra-service time for anesthesia care
** Time Units = anesthesia time/15 to one decimal place
*** wAnesthesia Units = Total Anesthesia Units * 0.786
**** $ Paid CMS = wAnesthesia Units * Anesthesia CF
*****wRVU Equivalent = $ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

Moderate Sedation Services wRVUs

Moderate Sedation for 40 min over age 5,	**wRVUs**

different physician	
99156 x 1	1.65
99157 x 2	2.50
Total	**4.15**

Using this analysis, if the median value (5 base units) from the survey is used, the anesthesia service would be valued LESS than the moderate sedation services (3.75 vs. 4.15 work RVUs). The ASA Expert Panel felt that recommending the 75th percentile value of 7 units for base unit would keep relativity as compared to moderate sedation, but did not feel it would be consistent with the other two methods in determining the value of the base unit (comparison to key reference codes and appropriate rank order within the family). The Expert Panel felt that the base value between the median and 75th percentile of 6 base units was consistent with moderate sedation comparison (higher work RVU value) and with the other two methods in determining base unit value. Therefore, ASA is recommending a base unit value of 6 units and feels the comparison to moderate sedation services supports this value.

Appropriate Rank Order in the Family
Within this new family of anesthesia for GI procedures, 00813 should not be valued any less than either 00731 or 00811. Since 00813 is a combination of these two services, it is reasonable to expect that it would have a value that is slightly greater than either of the two individual services. A value of 6 base units produces just that result and establishes the appropriate rank order in the family.

		00731	00732	00811	00812	00813**
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
Respondents		86	63	53	47	47
Total Sent		3190	3195	3197	3197	3197
Response Rate		2.7%	2.0%	1.7%	1.5%	1.5%
Base Units	**Low**	1	2	3	3	3
	25th	4	5	4	3	4
	Med.	5*	6*	4	4*	5
	75th	6	7	5*	5	7
	High	8	18	15	8	10

*Recommended value
** Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

ASA's Recommendations for 00813 in the Anesthesia for GI Procedure Family
ASA recommends a value of 6 base units for anesthesia procedure code *00813, Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised 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 new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 00810

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty CRNA How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 30,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology Frequency 15,000 Percentage 50%

Specialty CRNA Frequency 15,000 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? 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. RUC Database

Specialty Anesthesia Frequency 5,000 Percentage 50.00%

Specialty CRNA Frequency 5,000 Percentage 50.00%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	007X1	**# of Respondents:**	86
Survey Code Descriptor:	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified		

Top Ref Code:	00320	**# of Respondents:**	36	**% of Respondents:**	42%
Top Ref Code Descriptor:	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	17%	53%	25%	6%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		25%	53%	22%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		17%	61%	22%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		17%	69%	14%		
Technical Skill:		**Less**	**Identical**	**More**		
		22%	56%	22%		
Physical Effort:		**Less**	**Identical**	**More**		
		11%	61%	28%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		11%	44%	44%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		6%	58%	36%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		8%	50%	42%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	007X2	**# of Respondents:**	63
Survey Code Descriptor:	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)		

Top Ref Code:	00320	**# of Respondents:**	20	**% of Respondents:**	32%
Top Ref Code Descriptor:	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older				

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%	50%	40%	10%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	5%	65%	30%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	55%	35%
	Urgency of medical decision making	15%	55%	30%
Technical Skill:		10%	65%	25%
Physical Effort:		5%	50%	45%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	55%	45%
	Outcome depends on the skill and judgment of physician	0%	75%	25%
	Estimated risk of malpractice suite with poor outcome	0%	55%	45%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	008X1	**# of Respondents:**	53
Survey Code Descriptor:	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		

Top Ref Code:	00914	**# of Respondents:**	10	**% of Respondents:**	19%
Top Ref Code Descriptor:	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	10%	40%	50%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		20%	50%	30%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		10%	60%	30%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		10%	50%	40%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	80%	20%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	60%	40%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		20%	50%	30%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	70%	30%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		10%	40%	50%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	008X2	**# of Respondents:**	47
Survey Code Descriptor:	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		

Top Ref Code:	00910	**# of Respondents:**	11	**% of Respondents:**	23%
Top Ref Code Descriptor:	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	18%	82%	0%	0%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	18%	73%	9%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	9%	82%	9%
	Urgency of medical decision making	9%	91%	0%
Technical Skill:		18%	82%	0%
Physical Effort:		9%	91%	0%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	18%	73%	9%
	Outcome depends on the skill and judgment of physician	9%	91%	0%
	Estimated risk of malpractice suite with poor outcome	9%	82%	9%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	008X3	**# of Respondents:**	47
Survey Code Descriptor:	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum		

Top Ref Code:	00320	**# of Respondents:**	12	**% of Respondents:**	26%
Top Ref Code Descriptor:	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older				

Survey Code Compared to Top Ref Code

Survey Code is:

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:	0%	8%	50%	33%	8%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	8%	58%	33%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	67%	33%
	Urgency of medical decision making	0%	67%	33%
Technical Skill:		25%	42%	33%
Physical Effort:		8%	58%	33%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	8%	50%	42%
	Outcome depends on the skill and judgment of physician	0%	58%	42%
	Estimated risk of malpractice suite with poor outcome	0%	58%	42%

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except 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: Anesthesia for GI Procedures (00731-00732, 00811-00813)

TAB: 4

					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period											
Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
1st REF	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	36			6.00																												
2nd REF	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	16			3.00																												
SVY	00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	86	1.00	4.00	5.00	6.00	8.00	2.0	10.0	10.0	15.0	30.0	0.0	5.0	9.0	10.0	30.0	2.0	5.0	5.0	7.0	15.0	2.0	12.8	20.0	30.0	55.0	10	40%	29%	16%	8%	7%	100%
REC	00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	86	5.00					10.0					9.0					5.0					20.0					10	40%	29%	16%	8%	7%	100%

					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period											
Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
1st REF	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	20			6.00																												
2nd REF	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	13			6.00																												
SVY	00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	63	2.00	5.00	6.00	7.00	18.00	5.0	10.0	15.0	15.0	35.0	0.0	7.5	10.0	15.0	30.0	2.0	5.0	10.0	10.0	20.0	5.0	30.0	55.0	60.0	150.0	10	33%	30%	20%	10%	7%	100%
REC	00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	63	6.00					15.0					10.0					10.0					55.0					10	33%	30%	20%	10%	7%	100%

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
15					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
16										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period											
17	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
32																																				
33					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
34										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period											
35	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
36	1st REF	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	10			5.00																													
37	2nd REF	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	10			4.00																													
39	SVY	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	53	3.00	4.00	4.00	5.00	15.00	5.0	10.0	10.0	15.0	30.0	0.0	5.0	10.0	10.0	30.0	2.0	5.0	5.0	8.0	40.0	2.0	10.0	20.0	30.0	180.0	10	48%	27%	12%	7%	6%	100%
40	REC	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	53	4.00					10.0					10.0					5.0					20.0					10	48%	27%	12%	7%	6%	100%
41																																				
42					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
43										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period											
44	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
45	1st REF	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	11			3.00																													
46	2nd REF	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	7			5.00																													
48	SVY	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	47	3.00	3.00	4.00	5.00	8.00	3.0	7.0	10.0	15.0	30.0	0.0	5.0	10.0	10.0	20.0	2.0	5.0	5.0	7.0	15.0	2.0	10.0	20.0	30.0	60.0	10	52%	26%	11%	6%	4%	100%
49	REC	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	47	4.00					10.0					10.0					5.0					20.0					10	52%	26%	11%	6%	4%	100%
50																																				
51					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
52										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period											
53	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
54	1st REF	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	12			6.00																													
55	2nd REF	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	8			4.00																													
57	SVY	00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	47	3.00	4.00	5.00	7.00	10.00	5.0	10.0	10.0	15.0	30.0	0.0	5.0	10.0	10.0	30.0	2.0	5.0	5.0	10.0	20.0	2.0	20.0	35.0	52.5	180.0	10	46%	28%	15%	7%	4%	100%

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
15					**Anesthesia Base Unit Value**					**Pre-Anesthesia Time**										**Intra-op Anesthesia Time**										**Post-Anesthesia Time**	**Post-Induction Anesthesia Time-Intensity Allocation**					
16										**Evaluation**					**Equipment/Supply Preparation**					**Induction Period**					**Post-Induction Period**										
17	**Source**	**CPT**	**DESC**	**Resp**	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	**POST**	Level 1	Level 2	Level 3	Level 4	Level 5	**Total**
58	**REC**	**00813**	**Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum**	**47**	**5.00**					**10.0**					**10.0**					**5.0**					**35.0**					**10**	**46%**	**28%**	**15%**	**7%**	**4%**	**100%**

Base Unit	*Code*	*PIPPA Intensity*
4	00142	0.032
4	00830	0.035
4	812	0.042
4	811	0.044
5	00404	0.034
5	00914	0.036
5	813	0.044
5	731	0.046
6	00944	0.035
6	01844	0.039
6	00840	0.044
6	01230	0.045
6	732	0.047

4
Tab Number

Anesthesia for GI Procedures
Issue

007X1-X2, 008X1-X3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Marc L. Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

December 13, 2016
Date

11
Tab Number

Treatment of Incompetent Veins
Issue

_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Mark Forrestal, MD, FACPh
Printed Signature

American College of Phlebology
Specialty Society

December 21, 2016
Date

CPT Code: 00731, 00732, 00811, 00812, 00813
Specialty Society('s): American Society of Anesthesiologists

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

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:

We are requesting the standard anesthesia PE package.
CMS requested the PERC discuss the appropriateness of direct practice expense of clinical labor employed by the physician as a cost in the facility setting. The PERC carefully discussed the recommendation by the American Society of Anesthesiology of 11 minutes and agreed that this was a direct practice expense however 8 minutes of clinical labor time was more appropriate. The PERC recommends 8 minutes of clinical labor time for all anesthesia codes consisting of 3 minutes of anesthesia scheduling and 5 minutes of case assignment, scheduling coordination, and completion of forms.

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:
3 minutes – anesthesia scheduling
5 minutes – case assignment, scheduling coordination, and completion of forms

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

CPT Code:00731, 00732, 00811, 00812, 00813
Specialty Society('s): American Society of Anesthesiologists

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
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00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Global Period: XXX Meeting Date January 2017

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5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
3 minutes – anesthesia scheduling
5 minutes – case assignment, scheduling coordination, and completion of forms

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE Jan 2016						REFERENCE CODE Jan 2016							
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**00740**		**00731**		**00732**		**00810**		**00811**		**00812**		**00813**	
3	**Meeting Date:** January 2017 **Tab:** 4 **Specialty:** American Society of Anesthesiologists (ASA)	**CMS Code**	**Staff Type**	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**																
6	**TOTAL CLINICAL LABOR TIME**			**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**																
11	**Start: Following visit when decision for surgery or procedure made**																
12	Complete pre-service diagnostic & referral forms																
13	Coordinate pre-surgery services																
14	Schedule space and equipment in facility																
15	Provide pre-service education/obtain consent																
16	Follow-up phone calls & prescriptions																
17	Other Clinical Activity - *specify:*																
18	Anesthesia scheduling	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	Case assignment, scheduling coordination and completion of forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5	5	5	5	5	5	5
20	**forms**																
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																
27	Setup scope (non facility setting only)																
28	Prepare and position patient/ monitor patient/ set up IV																
29	Sedate/apply anesthesia																
30	Other Clinical Activity - specify:																
31	**Intra-service**																
32	Assist physician in performing procedure																
33	**Post-Service**																
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4																
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1																
36	Clean room/equipment by physician staff																
37	Clean Scope																
38	Clean Surgical Instrument Package																
39	Complete diagnostic forms, lab & X-ray requisitions																
40	Review/read X-ray, lab, and pathology reports																
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																
42	Other Clinical Activity - *specify:*																
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**																

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE Jan 2016						REFERENCE CODE Jan 2016							
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**00740**		**00731**		**00732**		**00810**		**00811**		**00812**		**00813**	
3	**Meeting Date:** January 2017 **Tab:** 4 **Specialty:** American Society of Anesthesiologists (ASA)	**CMS Code**	**Staff Type**	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**																
47	**POST-SERVICE Period**																
48	**Start: Patient leaves office/facility**																
49	Conduct phone calls/call in prescriptions																
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16														
52	99212 27 minutes		27														
53	99213 36 minutes		36														
54	99214 53 minutes		53														
55	99215 63 minutes		63														
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	Other Clinical Activity - *specify:*																
58	**End: with last office visit before end of global period**																
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**														
60	pack, minimum multi-specialty visit	SA048	pack														
61																	
62																	
63																	
64																	
65																	
66	**EQUIPMENT**	**CODE**															
67																	
68																	
69																	
70																	
71																	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

April 2017

Skin Biopsy

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 (E/M) services and services reviewed since CY 2010. CPT codes 11100 and 11101 were identified via this screen. Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommended referring CPT codes 11100 and 11101 to the CPT Editorial Panel. In February 2017, the CPT Editorial Panel deleted two codes and created 6 codes for primary and additional biopsy based on the thickness of the sample and the technique utilized.

11102 Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette); single lesion
The RUC reviewed the survey results from 101 dermatologists and determined that the survey respondents overestimated the work required to perform these services relative to other skin biopsy codes and services in the Medicare Physician Payment Schedule. Based on preliminary comments from the RUC and the reduction in intra-service time, the specialty society reduced their original recommendations. The specialty society recommended a direct work RVU crosswalk to 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66 and 5 minutes intra-service time, 21 minutes total time). The specialty society decreased the survey evaluation time by 2 minutes to account for any overlap as this service will typically be performed with an E/M. The RUC recommends 3 minutes evaluation time, 2 minutes positioning time, 2 minutes scrub/dress/wait time, 6 minutes intra-service time and 5 minutes immediate post-service time. The RUC referenced similar services 20600 *Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance* (work RVU = 0.66 and 21 minutes total time), 92511 Nasopharyngoscopy with endoscope (separate procedure) (work RVU = 0.61and 17 minutes total time) and 11300 *Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less* (work RVU = 0.60 and 21 minutes total time). **The RUC recommends a work RVU of 0.66 for CPT code 11102.**

11103 Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 101 dermatologists and determined that the survey respondents overestimated the work required to perform these services relative to other skin biopsy codes and services in the Medicare Physician Payment Schedule. Based on preliminary comments from the RUC and the reduction in intra-service time, the specialty society reduced their original recommendations. The specialty

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society recommends a direct work RVU crosswalk to 11732 *Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)* (work RVU = 0.38 and 8 minutes intra-service time). The specialty indicated that 11103 is not just a larger or contiguous procedure but is a second procedure at a different site or side. Thus, the survey respondents may have indicated more time for the add-on code intra-service because there would be some additional preparation and re-positioning. However, since the add-on codes typically do not have additional pre or post-time, the standard survey instrument used did not ask that information. The specialty society decreased the survey intra-service time by 1 minute to be the same as the base code 11102. The RUC recommends 6 minutes of intra-service time. The RUC noted that it is appropriate that this add-on is not exactly half of the base code because there is not much duplication of services as this is performed on a separate site than the base code and there is additional physician work to transition to a different site.

The RUC noted that this service requires 4 minutes less than the deleted code 11101 (work RVU = 0.41 and 10 minutes intra-service time), thus the recommended lower work RVU for 11103 is appropriate to account for this decrease in time. The RUC referenced similar services 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)* (work RVU = 0.33 and 10 minutes intra-service time) and 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) to support the recommendation. **The RUC recommends a work RVU of 0.38 for CPT code 11103.**

11104 Punch biopsy of skin, (including simple closure when performed); single lesion
The RUC reviewed the survey results from 101 dermatologists and determined that the survey respondents overestimated the work required to perform these services relative to other skin biopsy codes and services in the Medicare Physician Payment Schedule. Based on preliminary comments from the RUC and the reduction in intra-service time, the specialty society reduced their original recommendations. The specialty society recommended a direct work RVU crosswalk to 69220 *Debridement, mastoidectomy cavity, simple (eg, routine cleaning)* (work RVU = 0.83 and 10 minutes of intra-service time), as these services require the same intra-service time and require the same physician work to perform. The RUC noted that the punch biopsy is deeper and there is more bleeding than the tangential biopsy.

The RUC indicated a concern whether this service will be reported with an Evaluation and Management (E/M) on the same day as it was typical with the previous deleted code. The specialty society recommended decreasing the pre-evaluation by 2 minutes to account for any possible overlap with an E/M. The RUC also noted that the scrub, dress and wait time is 1 more minute for the punch biopsy compared to the tangential biopsy (11102) to account for the typical patient having deeply invasive carcinoma that is sclerotic, therefore additional anesthesia care is necessary for more injections. The RUC recommends 3 minutes pre-evaluation time, 2 minutes positioning and 3 minutes scrub, dress and wait time, 10 minutes intra-service time and 5 minutes immediate post-service time.

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The RUC compared 11104 to the key reference service 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07 and 12 minutes intra-service time), which the survey respondents indicated that the intensity to complete 11104 was 57% identical and 33% more. **The RUC recommends a work RVU of 0.83 for CPT code 11104.**

11105 Punch biopsy of skin, (including simple closure when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 101 dermatologists and determined that the survey respondents overestimated the work required to perform these services relative to other skin biopsy codes and services in the Medicare Physician Payment Schedule. Based on preliminary comments from the RUC, the specialty society reduced their original recommendations. The specialty society recommends a direct work RVU crosswalk to 92134 *Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina* (work RVU = 0.45 and 10 minutes of intra-service time) as these services require the same intra-service time and require the same physician work to perform. The specialty indicated that 11105 is not just a larger or contiguous procedure but is a second procedure at a different site or side. The RUC recommends 10 minutes of intra-service time. The RUC noted that it is appropriate that this add-on is not exactly half of the base code because there is not much duplication of services as this is performed on a separate site than the base code and there is some additional work to transition to a different site.

The RUC referenced key reference service code 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)* (work RVU = 0.50 and 15 minutes intra-service time) and noted that the surveyed code requires less physician time and work and is appropriately valued lower. **The RUC recommends a work RVU of 0.45 for CPT code 11105.**

11106 Incisional biopsy of skin (eg, wedge), (including simple closure when performed); single lesion
The RUC reviewed the survey results from 101 dermatologists and determined that the survey respondents overestimated the work required to perform these services relative to other skin biopsy codes and services in the Medicare Physician Payment Schedule. Based on preliminary comments from the RUC, the specialty society reduced their original recommendations. The specialty society recommended a direct work RVU crosswalk to 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU = 1.01 and 15 minutes of intra-service time) as these services require the same intra-service time and require the same physician work to perform.

The specialty society indicated that this service will never be reported with an E/M on the same day as this service will be a separate appointment. The RUC agreed that 11106 requires 1 more minute of positioning than 11102 and 11104 to have the patient lie down and access the lower extremity. The RUC recommends 6 minutes pre-evaluation time, 3 minutes positioning and 3 minutes scrub, dress and wait time, 15 minutes intra-service time and 6 minutes immediate post-service time.

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For additional support the RUC referenced MPC code 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* (work RVU = 1.14 and 15 minutes intra-service time) and similar service 46614 *Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)* (work RVU = 1.00 and 15 minutes intra-service time). **The RUC recommends a work RVU of 1.01 for CPT code 11106.**

11107 Incisional biopsy of skin (eg, wedge), (including simple closure when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 101 dermatologists and determined that the survey respondents overestimated the work required to perform these services relative to other skin biopsy codes and services in the Medicare Physician Payment Schedule. Based on preliminary comments from the RUC, the specialty society reduced their original recommendations. The specialty society recommended a direct work RVU crosswalk to 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 and 15 minutes of intra-service time as these services require the same intra-service time and require the same physician work to perform. The specialty indicated that 11107 is not just a larger or contiguous procedure but is a second procedure at a different site or side. The RUC recommends 15 minutes of intra-service time. The RUC noted that it is appropriate that this add-on is not exactly half the value of the base code because there is not much duplication of services as this is performed on a separate site than the base code and there is some additional work to transition to a different site.

The RUC referenced similar service 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)* (work RVU = 0.50 and 15 minutes intra-service time) and noted that these services require similar physician work and time to perform. **The RUC recommends a work RVU of 0.54 for CPT code 11107.**

Practice Expense
The PE Subcommittee made some initial modifications and the RUC reviewed the direct practice expenses and made the following additional modifications:

- Removed any inputs associated with an Evaluation and Management service for 11102 and 11104
- Adjusted the assist physician time to 2/3 for 11102 and 11103
- Removed any inputs related to cautery for 11102 and 11103
- Confirmed that a sterile environment for all six services was justified

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Surgery
Integumentary System
Biopsy

~~*During certain surgical procedures in the integumentary system, such as excision, destruction, or shave removals, the removed tissue is often submitted for pathologic examination. The obtaining of tissue for pathology during the course of these procedures is a routine component of such procedures. This obtaining of tissue is not considered a separate biopsy procedure and is not separately reported.*~~ The use of a biopsy procedure code (eg, ~~11100, 11101~~ 11102, 11103, 11104, 11105, 11106, 11107) indicates that the procedure to obtain tissue solely for diagnostic histopathologic ~~pathologic~~ examination was performed independently, or was unrelated or distinct from other procedures/services provided at that time. When biopsies are performed on different lesions or different sites on the same date of service they are to be reported separately. Such biopsies are not considered components of other procedures when performed on different lesions or different sites on the same date, and are to be reported separately.

During certain surgical procedures in the integumentary system, such as excision, destruction, or shave removal, the removal of tissue is often submitted for pathologic examination. The obtaining of tissue for pathology during the course of these procedures is a routine component of such procedures. This obtaining of tissue is not considered a separate biopsy procedure and is not separately reported.

Partial thickness biopsies are those that sample a portion of the thickness of skin or mucous membrane and do not penetrate below the dermis or lamina propria. Full thickness biopsies penetrate into tissue deep to the dermis or lamina propria, into the subcutaneous or submucosal space.

Sampling of stratum corneum only, by any modality (eg, skin scraping, tape stripping) does not constitute a skin biopsy procedure and is not separately reportable.

An appropriate biopsy technique is selected based upon optimal tissue sampling considerations for the type of neoplastic, inflammatory or other lesion requiring a tissue diagnosis. Biopsy of the skin is reported under three distinct techniques:

Tangential Biopsy (eg, shave, scoop, saucerize, curette):

A tangential biopsy is performed with a sharp blade, such as a flexible biopsy blade, obliquely oriented scalpel or curette to remove a sample of epidermal tissue with or without portions of underlying dermis.

The intent of a tangential biopsy (11102, 11103) is to obtain a tissue sample from a lesion for the purpose of diagnostic pathologic examination.

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Biopsy of lesions by tangential technique (11102, 11103) is not considered an excision. Tangential biopsy technique may be represented by a superficial sample and does not involve the full thickness of the dermis, which could result in portions of the lesion remaining in the deeper layers of the dermis.

For therapeutic removal of epidermal or dermal lesion(s) using shave technique, see 11300-11313.

An indication for a shave removal (11300-11313) procedure may include a symptomatic lesion that rubs on waistband or bra, or any other reason why an elevated lesion is being completely removed with the shave technique, suggesting a therapeutic intent. It is the responsibility of the physician or qualified healthcare provider (QHCP) performing the procedure to clearly indicate the purpose of the procedure.

Punch Biopsy:

A punch biopsy requires a punch tool to remove a full-thickness cylindrical sample of skin.

The intent of a punch biopsy (11104, 11105) is to obtain a cylindrical tissue sample of a cutaneous lesion for the purpose of diagnostic pathologic examination. Simple closure of the defect is included in the service. Manipulation of the biopsy defect to improve wound approximation is included in simple repair.

Incisional biopsy:

An incisional biopsy requires the use of a sharp blade (not a punch tool) to remove a full thickness sample of tissue via a vertical incision or wedge, penetrating deep to the dermis, into the subcutaneous space.

The intent of an incisional biopsy (11106, 11107) is to obtain a full thickness tissue sample of a skin lesion for the purpose of diagnostic pathologic examination. This type of biopsy may sample subcutaneous fat such as performed for the evaluation of panniculitis.

Although closure is usually performed on incisional biopsies, simple closure is not separately reported.

(For complete lesion excision with margins, see 11400-11646)

When multiple biopsy techniques are performed during the same encounter, only one primary lesion biopsy code (11102, 11104, 11106) is reported. Additional biopsy codes should be selected based on the following convention:

If multiple biopsies of the same type are performed the primary code for that biopsy should be used along with the corresponding add on code(s)

If an incisional biopsy is performed, report (11106) in combination with a tangential (11103), punch (11105), or incisional biopsy (11107) for the additional biopsy procedures.

If punch biopsy is performed, report (11104) in combination with a tangential (11103), or punch (11105), for the additional biopsy procedures

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If multiple tangential biopsies are performed, report tangential biopsy (11102) in combination with (11103) for the additional tangential biopsy procedures.

When two or more biopsies of the same technique (ie, tangential, punch, or incisional) are performed on separate/additional lesions, use the appropriate add-on code (11103, 11105, 11107) to specify each additional biopsy. When two or three different biopsy techniques (ie, tangential, punch, or incision) are performed to sample separate/additional lesions, select the appropriate biopsy code (11102, 11104, 11106) plus an additional add on code (11103, 11105, 11107) for each additional biopsy performed.

The following table provides an illustration of the appropriate use of these codes for multiple biopsies:

Procedures performed	**CPT Code(s) reported**
2 tangential biopsies	11102, 11103
3 punch biopsies	11104, 11105x2
2 incisional biopsies	11106, 11107
1 incisional biopsy, 1 tangential biopsy and 1 punch biopsy	11106, 11103, 11105
1 punch biopsy and 2 tangential biopsies	11105, 11103x2

(For biopsy, intranasal, use 30100)

(For biopsy of nail unit, use 11755)

(For biopsy of lip, use 40490)

(For biopsy of vestibule of mouth, use 40808)

(For biopsy of tongue, anterior two-thirds, use 41100)

(For biopsy of floor of mouth, use 41108)

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(For biopsy of penis, use 54100)

(For biopsy of vulva or perineum, see 56605, 56606)

(For biopsy of conjunctiva, use 68100)

(For biopsy of eyelid skin including lid margin, use 67810)

(For biopsy of ear, use 69100)

Mohs Micrographic Surgery

Mohs micrographic surgery is a technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins. It requires the integration of an individual functioning in two separate and distinct capacities: surgeon and pathologist. If either of these responsibilities is delegated to another physician or other qualified health care professional who reports the services separately, these codes should not be reported. The Mohs surgeon removes the tumor tissue and maps and divides the tumor specimen into pieces, and each piece is embedded into an individual tissue block for histopathologic examination. Thus a tissue block in Mohs surgery is defined as an individual tissue piece embedded in a mounting medium for sectioning.

If repair is performed, use separate repair, flap, or graft codes. If a biopsy of a suspected skin cancer is performed on the same day as Mohs surgery because there was no prior pathology confirmation of a diagnosis, then report a diagnostic skin biopsy (~~11100, 11101,~~11102, 11104, 11106) and frozen section pathology (88331) with modifier 59 to distinguish from the subsequent definitive surgical procedure of Mohs surgery.

Respiratory System
Nose
Excision

30100 *Biopsy, intranasal*

(For biopsy skin of nose, see ~~11100, 11101~~, 11102, 11103, 11104, 11105, 11106, 11107)

Eye and Ocular Adnexa
Eyelids
Incision

67810 *Incisional biopsy of eyelid skin including lid margin*

(For biopsy of skin of the eyelid, see ~~11100, 11101~~, 11102, 11103, 11104, 11105, 11106, 11107, ~~11310-11313~~)

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●11102	A1	Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette); single lesion	000	0.66
●✚11103	A2	each separate/additional lesion (List separately in addition to code for primary procedure) (Report 11103 in conjunction with 11102, 11104, 11106 when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used)	ZZZ	0.38
●11104	A3	Punch biopsy of skin, (including simple closure when performed); single lesion	000	0.83
●✚11105	A4	each separate/additional lesion (List separately in addition to code for primary procedure) (Report 11105 in conjunction with 11104, 11106 when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used)	ZZZ	0.45
●11106	A5	Incisional biopsy of skin (eg, wedge), (including simple closure when performed); single lesion	000	1.01
●✚11107	A6	each separate/additional lesion (List separately in addition to code for primary procedure) (Report 11107 in conjunction with 11106)	ZZZ	0.54

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~**D** 11100~~	-	~~Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesio~~n (11100 has been deleted. To report, see 11102, 11104, 11106)	000	~~0.81~~
~~**D** 11101~~	-	~~each separate/additional lesion (List separately in addition to code for primary procedure)~~ ~~(Use 11101 in conjunction with 11100)~~ (11101 has been deleted. To report, see 11103, 11105, 11107)	ZZZ	~~0.41~~

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11102 Tracking Number A1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.66**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **0.66**

CPT Descriptor: Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient presents with a raised, translucent, telangiectatic papule. Following an examination, a nodular basal cell carcinoma is suspected. A tangential biopsy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Inspect and palpate lesion to assess surface size, subcutaneous depth and extension, and whether fixed to underlying structures. Select the most representative and appropriate site to obtain specimen. Examine draining lymph node basins . Discuss need for skin biopsy and biopsy technique options. Describe the tangential biopsy procedure method and expected result and the potential for inconclusive pathology result. Review procedural risks, including bleeding, pain, edema, infection, delayed healing, scarring, and hyper or hypopigmentation. Obtain informed consent and advise staff on necessary supplies and instrument tray preparation.
Patient is gowned and positioned. Identify and measure the lesion to be biopsied. Using a surgical marker, delineate the margins of the lesion and the portion to be biopsies and photograph the site. Perform a time out. Sterilely prep patient's skin with a suitable antiseptic. Inject procedure site with appropriate local anesthetic and wait for effect. Apply sterile drapes.

Description of Intra-Service Work: While providing firm traction on the surrounding skin and using a tangential biopsy technique, sharply remove a sample of the lesion with a scalpel or other suitable instrument. This is accomplished by advancing the cutting instrument at an oblique angle relative to the skin surface with a fine slicing motion, yielding a saucer or bowl shaped skin specimen. Inspect tissue removed and base of biopsy for adequacy of biopsy, evidence of pigmentation and gross presence and extent of tumor at bottom of defect. Collect specimen in labeled formalin container. Achieve hemostasis.

Description of Post-Service Work: Apply antibiotic ointment and a sterile pressure dressing. Instruct patient and family on postoperative wound care, dressing changes, as well as instructions for problems such as bleeding or pain and restrictions on activities, and follow-up care. Provide prescriptions for pain and antibiotics, as necessary. Advise the patient and family when results will be available and how they will be communicated. The pathology request form is filled out and signed by the physician. Complete medical record and communicate procedure / results to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Howard Rogers, M.D., Mark Kaufmann, M.D. and Daniel Siegel, M.D.				
Specialty(s):	American Academy of Dermatology				
CPT Code:	11102				
Sample Size:	2000	**Resp N:**	101	**Response:** 5.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	200.00	**350.00**	700.00	8000.00
Survey RVW:	0.32	0.80	**0.90**	1.10	1.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	3.00	**6.00**	12.00	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)

6-NF Proc w local/topical anes care req wait time

CPT Code:	11102	**Recommended Physician Work RVU: 0.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**17.00**	**-14.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**2.00**	**5.00**	**-3.00**
Intra-Service Time:		**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)

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
11301	000	0.90	**RUC Time**

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11310	000	0.80	**RUC Time**

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	188,177

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm 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
		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:** 35.6 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 21.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 11102	Top Key Reference CPT Code: 11301	2nd Key Reference CPT Code: **11310**
Median Pre-Service Time	7.00	6.00	6.00
Median Intra-Service Time	6.00	15.00	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	**18.00**	**26.00**	**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%	76%	20%	3%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	53%	48%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	63%	38%
Urgency of medical decision making	0%	63%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	83%	16%
Physical effort required	3%	90%	7%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	10%	78%	12%
Outcome depends on the skill and judgment of physician	0%	77%	23%
Estimated risk of malpractice suit with poor outcome	5%	70%	25%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	65%	22%	4%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	61%	39%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	78%	22%
Urgency of medical decision making	0%	78%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	74%	13%
Physical effort required	4%	91%	5%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	8%	70%	22%
Outcome depends on the skill and judgment of physician	9%	70%	21%
Estimated risk of malpractice suit with poor outcome	4%	78%	7%

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 skin biopsy codes 11100 and 11101 were identified by the "high expenditure services across specialties with Medicare allowed charges of $10 million or more" screen in 2016. The American Academy of Dermatology Association (AADA) surveyed those codes for the April 2016 RUC meeting. The survey response was bimodal, indicating the need for revision of the codes. As a result, the AADA requested the opportunity to develop new CPT codes to distinguish the different types of skin biopsies by technique. The CPT Editorial Panel approved the creation of six new codes (three primary and three add-on) based on the techniques utilized. The existing codes 11100 and 11101 are being eliminated.

The AADA surveyed these six new skin biopsy codes (11102 -11107) for the April RUC meeting and convened an expert panel which developed the following recommendations.

Recommendations

Pre-service time:

The expert panel recommends the median survey pre service time of 3 minutes for evaluation, 2 minutes for positioning and 2 minutes for scrub, dress and wait times. We selected pre-time package 6, for a non-facility procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect. The expert panel recommend reducing the evaluation survey time from 5 minutes to 3 minutes because we anticipate this code will be reported with an Evaluation and Management (E/M) service.

Intra-service time:

The expert panel recommends the median intra-service time of 6 minutes. Code 11100 is being replaced by the new code 11X02. We believe that code 11100 incorporated what is now considered pre-service time into intra-service time. The sum of the surveyed pre-service and the intra-service times for 11102 is two minutes less than it is for 11100.

Post-Service time

The expert panel believes the survey median post-service time of 5 minutes would accurately account for the work performed during the post service time.

Relative Value Units:

The expert panel recommends 0.80 work RVUs for this procedure, which is the 25% percentile of the survey data. The expert panel believes that the 25th percentile RVU compares appropriately with our MPC code 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,* which has 0.84 RVUs and 7 minutes of pre time, 10 minutes of intra service time, and 5 minutes of post time. We also think this compares well with other non-dermatology codes with similar times and RVUs as shown in the table below.

CPT Code: 11102

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Positioning	Scrub, Dress,	Intra Time	Post Time	Total Time	IWPUT	Recent RUC
17250	Chemical cauterization of granulation tissue (p	000	0.50	5	2	0	5	5	17	0.0462	Oct10
11900	Injection, intralesional; up to and including 7 le	000	0.52	5	0	0	8	2	15	0.0454	Apr10
92511	Nasopharyngoscopy with endoscope (separat	000	0.61	4	0	5	5	3	17	0.0825	Oct10
20600	Arthrocentesis, aspiration and/or injection, sm	000	0.66	5	1	5	5	5	21	0.0746	Oct10
20605	Arthrocentesis, aspiration and/or injection, int	000	0.68	5	1	5	5	5	21	0.0786	Oct10
64450	Injection, anesthetic agent; other peripheral ne	000	0.75	10	0	0	5	5	20	0.0828	Sept11
20610	Arthrocentesis, aspiration and/or injection, ma	000	0.79	5	1	5	5	5	21	0.1006	Oct10
11X02	Tangential biopsy of skin, (eg, shave, scoop, s	000	0.80	3	2	2	6	5	18	0.0933	__
12001	Simple repair of superficial wounds of scalp, n	000	0.84	5	1	1	10	5	22	0.0585	Apr10
20604	Arthrocentesis, aspiration and/or injection, sm	000	0.89	5	2	5	10	5	27	0.0581	Jan14
51705	Change of cystostomy tube; simple	000	0.90	7	5	0	10	10	32	0.0407	Oct10
98942	Chiropractic manipulative treatment (CMT); sp	000	0.96	6	0	0	12	5	23	0.0595	Oct12
20606	Arthrocentesis, aspiration and/or injection, int	000	1.00	5	2	5	10	5	27	0.0691	Jan14
11X04	Punch biopsy of skin, (including simple closur	000	1.00	5	2	2	10	5	25	0.0707	
12011	Simple repair of superficial wounds of face, ea	000	1.07	5	1	1	12	5	24	0.068	Apr10
30901	Control nasal hemorrhage, anterior, simple (lir	000	1.10	6	0	5	10	5	26	0.0813	Apr10
11980	Subcutaneous hormone pellet implantation (im	000	1.10	7	2	1	12	5	27	0.0649	Jan14
20611	Arthrocentesis, aspiration and/or injection, ma	000	1.10	5	2	5	10	5	27	0.0791	Jan14
12002	Simple repair of superficial wounds of scalp, n	000	1.14	5	1	1	15	5	27	0.059	Apr10
45331	Sigmoidoscopy, flexible; with biopsy, single o	000	1.14	13	3	5	15	10	46	0.0345	Oct13
67810	Incisional biopsy of eyelid skin including lid m	000	1.18	8	1	2	13	3	27	0.0688	Sept11
11X06	Incisional biopsy of skin (eg, wedge), (includi	000	1.20	6	3	3	15	6	33	0.056	
12013	Simple repair of superficial wounds of face, ea	000	1.22	5	1	1	15	5	27	0.0644	Apr10
40490	Biopsy of lip	000	1.22	8	1	5	15	5	34	0.0577	Sept11
44385	Endoscopic evaluation of small intestinal pouc	000	1.30	19	3	5	15	10	52	0.0362	Oct13
51710	Change of cystostomy tube; complicated	000	1.35	7	5	0	15	15	42	0.0497	Oct10
43450	Dilation of esophagus, by unguided sound or b	000	1.38	19	3	5	15	14	56	0.0355	Oct12
12004	Simple repair of superficial wounds of scalp, n	000	1.44	5	1	1	17	5	29	0.0697	Apr10
64487	Transversus abdominis plane (TAP) block (ab	000	1.48	5	5	5	15	10	40	0.0661	Apr14
15271	Application of skin substitute graft to trunk, ar	000	1.50	13	1	6	15	10	45	0.0609	Apr11

In summary, the expert panel recommends 0.80 RVUs, 7 minutes of pre-service time, 6 minutes for intra-service time and 5 minutes of post-time for code 11102.

This is a new code set that has expanded the biopsy code family from two to six codes. The biopsy code group will now include procedures previously billed using other CPT codes. Thus, we do not believe the rules regarding budget neutrality and/or compelling evidence apply. However, anticipating committee concern we will be prepared to discuss issues pertaining to flawed methodology and changes in patient population if requested to do so.

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) Using CPT code 11100

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6058548
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the original code was split into 3 codes and we estimate 11X02 to account for 61% of the 2015 Medicare utilization. We multiplied this number by 3 to estmate the national utilzation rate.

Specialty Dermatology Frequency 4768684 Percentage 78.71 %

Specialty Physician Assistant Frequency 610702 Percentage 10.08 %

Specialty Nurse Practitioner Frequency 259306 Percentage 4.28 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,058,450 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the original code was split into 3 codes and we estimate 11X02 to account for 85% of the 2016 Medicare utilization of 11100.

Specialty Dermatology Frequency 2407000 Percentage 78.69 %

Specialty Physician Assistant Frequency 307985 Percentage 10.06 %

Specialty Nurse Practitioners Frequency 130595 Percentage 4.26 %

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:
Select BETOS Classification

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. 11100

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11103 Tracking Number A2 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.38**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.38**

CPT Descriptor: Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each separate/additional lesion (List separately in addition to code for primary procedure)
(Report 11103 in conjunction with 11102, 11104, 11106 when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient presents with multiple raised, translucent, telangiectatic papules. Following an examination, a squamous cell carcinoma is suspected. A tangential biopsy is performed for each additional lesion.
(Note: This is an add-on code for the additional physician work related to the biopsy of one additional lesion. The physician work for the biopsy of the first lesion would be reported separately with code 11102.)

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:

Description of Intra-Service Work: While providing firm traction on the surrounding skin and using a tangential biopsy technique, sharply remove a sample of the lesion with a scalpel or other suitable instrument. This is accomplished by advancing the cutting instrument at an oblique angle relative to the skin surface with a fine slicing motion, yielding a saucer or bowl shaped skin specimen. Inspect tissue removed and base of biopsy for adequacy of biopsy, evidence of pigmentation and gross presence and extent of tumor at bottom of defect. Collect specimen in labeled formalin container. Achieve hemostasis.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Howard Rogers, M.D., Mark Kaufmann, and Daniel Siegel, M.D.				
Specialty(s):	American Academy Of Dermatology				
CPT Code:	11103				
Sample Size:	2000	**Resp N:**	101	**Response:** 5.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	47.00	**100.00**	250.00	1000.00
Survey RVW:	0.20	0.50	**0.71**	0.99	2.10
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	3.00	**7.00**	10.00	30.00

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:	11103	**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:		**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)

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
11045	ZZZ	0.50	**RUC Time**

CPT Descriptor Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11732	ZZZ	0.38	**RUC Time**

CPT Descriptor Avulsion of nail plate, partial or complete, simple; each additional nail plate

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
46600	000	0.55	**RUC Time**	93,246

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

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: 19 **% of respondents:** 18.8 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 15.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 11103	Top Key Reference CPT Code: 11045	2nd Key Reference CPT Code: **11732**
Median Pre-Service Time	0.00	0.00	2.00
Median Intra-Service Time	6.00	15.00	8.00
Median Immediate Post-service Time	0.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**15.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	62%	33%	5%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	10%	48%	42%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	57%	43%
Urgency of medical decision making	0%	57%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	67%	23%
Physical effort required	14%	72%	14%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	10%	76%	14%
Outcome depends on the skill and judgment of physician	0%	81%	19%
Estimated risk of malpractice suit with poor outcome	0%	76%	24%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	53%	37%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	11%	37%	52%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	16%	53%	31%
Urgency of medical decision making	11%	42%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	68%	11%
Physical effort required	16%	79%	5%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	16%	58%	26%
Outcome depends on the skill and judgment of physician	10%	58%	32%
Estimated risk of malpractice suit with poor outcome	10%	53%	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 skin biopsy codes 11100 and 11101 were identified by the "high expenditure services across specialties with Medicare allowed charges of $10 million or more" screen in 2016. The American Academy of Dermatology Association (AADA) surveyed those codes for the April 2016 RUC meeting. The survey response was bimodal, indicating the need for revision of the codes. As a result, the AADA requested the opportunity to develop new CPT codes to distinguish the different types of skin biopsies by technique. The CPT Editorial Panel approved the creation of six new codes (three primary and three add-on) based on the techniques utilized. The existing codes 11100 and 11101 are being eliminated.

The AADA surveyed these six new skin biopsy codes (11102 -11107) for the April RUC meeting and convened an expert panel which developed the following recommendations.

Recommendations

Pre-service time:

Even though the surveyors did not get the opportunity to indicate the times for pre service period in the survey, the expert panel feels that additional time is needed for positioning the patient and scrub/dress/wait, as there is no overlapping work between the primary codes and the add-one code. Based on survey responses on time for the primary codes, the expert panel recommends adding 2 minutes for positioning and 2 minutes for scrub, dress and wait times. The 11103 add-on code is to be used any time a tangential biopsy is done in addition to another skin biopsy, regardless of whether the same or different skin biopsy technique is used. Additional pre-service time is needed for each additional skin biopsy.

Intra-service time:

The expert panel recommends the median intra-service time of 7 minutes.

Post-service time:

The expert panel believes there is distinct post service work associated with this add-on code. However, given the code being a ZZZ global period, we are uncertain whether or not to include this work and the associated minutes.

Relative Value Units:

The expert panel recommends 0.50 work RVUs for this procedure, which is the 25% percentile of the survey data. The expert panel believes that the 25th percentile RVU compares appropriately with the key reference service code, 11045 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof*, which has 0.50 RVUs. We also think this compares well with other non-dermatology codes with similar times and RVUs as shown in the table below.

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Scrub, Dress, Wait Time	Intra Time	Post Time	Total Time	IWPUT
94729	Diffusing capacity (eg, carbon monoxide, mem	ZZZ	0.19	0	0	0	5	0	5	0.038
96367	Intravenous infusion, for therapy, prophylaxis,	ZZZ	0.19	1	0	0	5	0	6	0.0335
96417	Chemotherapy administration, intravenous infu	ZZZ	0.21	2	0	0	6	0	8	0.0275
15272	Application of skin substitute graft to trunk, ar	ZZZ	0.33	0	0	0	10	0	10	0.033
77001	Fluoroscopic guidance for central venous acce	ZZZ	0.38	0	0	0	9	4	13	0.0323
11732	Avulsion of nail plate, partial or complete, simp	ZZZ	0.44	0	1	1	10	1	13	0.0387
15276	Application of skin substitute graft to face, sca	ZZZ	0.50	0	0	0	10	0	10	0.0500
11X03	Tangential biopsy of skin, (eg, shave, scoop, s	ZZZ	0.50		2	2	7	0	11	0.0627
11045	Debridement, subcutaneous tissue (includes e	ZZZ	0.50	0	0	0	15	0	15	0.0333
77063	Screening digital breast tomosynthesis, bilate	ZZZ	0.60	0	0	0	8	0	8	0.0750
11X05	Punch biopsy of skin, (including simple closur	ZZZ	0.64		2	3	10	0	15	0.0571
15274	Application of skin substitute graft to trunk, ar	ZZZ	0.80	0	0	0	10	0	10	0.0800
19286	Placement of breast localization device(s) (eg,	ZZZ	0.85	0	1	4	14	0	19	0.0568
10036	Placement of soft tissue localization device(s)	ZZZ	0.85	0	0	0	14	0	14	0.0607
93567	Injection procedure during cardiac catheterizat	ZZZ	0.97	0	0	0	15	0	15	0.0647
11X07	Incisional biopsy of skin (eg, wedge), (includin	ZZZ	0.99	0	3	3	15	0	21	0.0599
15278	Application of skin substitute graft to face, sca	ZZZ	1.00	0	0	0	14	0	14	0.0714
64462	Paravertebral block (PVB) (paraspinous block)	ZZZ	1.10	0	0	0	15	0	15	0.0733
64636	Destruction by neurolytic agent, paravertebral	ZZZ	1.16	0	0	0	15	0	15	0.0773
13102	Repair, complex, trunk; each additional 5 cr	ZZZ	1.24	0	0	0	30	0	30	0.0413

In summary, the expert panel recommends 0.50 RVUs, 4 minutes of pre-service time and 7 minutes for intra-service time for code 11103.
This is a new code set that has expanded the biopsy code family from two to six codes. The biopsy code group will now include procedures previously billed using other CPT codes. Thus, we do not believe the rules regarding budget neutrality and/or compelling evidence apply. However, anticipating committee concern we will be prepared to discuss issues pertaining to flawed methodology and changes in patient population if requested to do so.

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) Using Cpt Code 11101

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2472240
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three new add-on codes, we estimate 11X03 to account for 58% for the 2015 Medicare utilatzation rate. We multiplied this number by 3 to estimate the national utilzation rate.

Specialty Dermatology Frequency 1963948 Percentage 79.44 %

Specialty Phsyician Assistant Frequency 275910 Percentage 11.16 %

Specialty Nurse Practitioner Frequency 109520 Percentage 4.42 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,296,151 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three new add-on codes, we estimate 11X03 to account for 85% of the 2016 Medicare utilatzation for 11101.

Specialty Dermatology Frequency 1029532 Percentage 79.42 %

Specialty Physician Assistant Frequency 144520 Percentage 11.14 %

Specialty Nurse Practitioner Frequency 57419 Percentage 4.42 %

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:
Select BETOS Classification

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. 11101

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11104 Tracking Number A3 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.83**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **0.83**

CPT Descriptor: Punch biopsy of skin, (including simple closure when performed), single lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient presents with an indurated, plaque, which may represent a deeply invasive basal or squamous cell carcinoma. A punch biopsy is performed and the wound is sutured.

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: Inspect and palpate lesion to assess surface size, subcutaneous depth and extension, and whether fixed to underlying structures. Select the most representative and appropriate site to obtain specimen. Examine draining lymph node basins. Discuss need for skin biopsy and biopsy technique options. Describe the punch biopsy procedure method and expected result and the potential for inconclusive pathology result. Review procedural risks, including bleeding, pain, edema, infection, delayed healing, scarring, and hyper or hypopigmentation. Obtain informed consent and advise staff on necessary supplies and instrument tray preparation.
Patient is gowned and positioned. Identify and measure the lesion to be biopsied. Using a surgical marker, delineate the margins of the lesion and the portion to be biopsied and photograph the site. Perform a time out. Sterilely prep patient's skin with a suitable antiseptic. Inject procedure site with appropriate local anesthetic and wait for effect. Apply sterile drapes.

Description of Intra-Service Work: Using a punch technique remove a sample of the lesion with a punch instrument suitable for the depth and width of tissue needed. This is accomplished by firmly pressing a perpendicularly oriented punch instrument into the skin and rotating the instrument in an alternating clockwise/counterclockwise twisting motion while providing firm traction on the surrounding skin. The punch instrument is advanced using this twisting motion to the desired depth. Using scissors, carefully separate the deep biopsy margin and remove tissue sample using forceps. Inspect tissue removed and base of biopsy for adequacy of biopsy, evidence of pigmentation and gross presence and extent of tumor at bottom of defect. Collect specimen in labeled formalin container. Achieve hemostasis. Undermine wound edges as needed to facilitate repair. Suture to approximate wound edges. Determine the adequacy of closure.

Description of Post-Service Work: Apply antibiotic ointment and a sterile pressure dressing. Instruct patient and family on postoperative wound care, dressing changes, as well as instructions for problems such as bleeding or pain and restrictions on activities, and follow-up care. Provide prescriptions for pain and antibiotics, as necessary. Advise the patient and family when results will be available and how they will be communicated. The pathology request form is filled out and signed by the physician. Complete medical record and communicate procedure / results to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Howard Rogers, M.D., Mark Kaufmann, M.D. and Daniel Siegel, M.D.				
Specialty(s):	American Academy of Dermatology				
CPT Code:	11104				
Sample Size:	2000	**Resp N:**	101	**Response:** 5.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	50.00	**100.00**	220.00	800.00
Survey RVW:	0.45	1.00	**1.10**	1.30	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	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)

6-NF Proc w local/topical anes care req wait time

CPT Code:	11104	**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**	**17.00**	**-14.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**5.00**	**-2.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**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
12011	000	1.07	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12001	000	0.84	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11042	000	1.01	**RUC Time**	1,628,800

CPT Descriptor 1 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm 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
		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: 29 **% of respondents:** 28.7 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 21.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 11104	Top Key Reference CPT Code: 12011	2nd Key Reference CPT Code: **12001**
Median Pre-Service Time	8.00	7.00	7.00
Median Intra-Service Time	10.00	12.00	10.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**24.00**	**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%	7%	57%	33%	3%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	43%	57%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	50%	43%
Urgency of medical decision making	3%	57%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	53%	30%
Physical effort required	13%	67%	20%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	10%	73%	17%
Outcome depends on the skill and judgment of physician	7%	70%	23%
Estimated risk of malpractice suit with poor outcome	20%	60%	20%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	27%	45%	23%	5%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	5%	27%	68%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5%	50%	45%
Urgency of medical decision making	9%	45%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	32%	59%	9%
Physical effort required	23%	64%	13%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	32%	50%	18%
Outcome depends on the skill and judgment of physician	28%	50%	22%
Estimated risk of malpractice suit with poor outcome	50%	36%	14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The existing skin biopsy codes 11100 and 11101 were identified by the "high expenditure services across specialties with Medicare allowed charges of $10 million or more" screen in 2016. The American Academy of Dermatology Association (AADA) surveyed those codes for the April 2016 RUC meeting. The survey response was bimodal, indicating the need for revision of the codes. As a result, the AADA requested the opportunity to develop new CPT codes to distinguish the different types of skin biopsies by technique. The CPT Editorial Panel approved the creation of six new codes (three primary and three add-on) based on the techniques utilized. The existing codes 11100 and 11101 are being eliminated.

The AADA surveyed these six new skin biopsy codes (11102 -11107) for the April RUC meeting and convened an expert panel which developed the following recommendations.

Recommendations

Pre-service time:

The expert panel recommends the median survey pre service time of 5 minutes for evaluation, 2 minutes for positioning and 3 minutes for scrub, dress and wait times. We selected pre-time package 6, for a non-facility procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect. Given the complexity and time requirements of this procedure, the specialty society feels that it is unlikely that this procedure will be reported on the same day as an Evaluation and Management (e/m).

Intra-service time:

The expert panel recommends the median intra-service time of 10 minutes.

Post-Service time

The expert panel believes the survey median post-service time of 5 minutes would accurately account for the work performed during the post service time.

Relative Value Units:

The expert panel recommends 1.00 work RVUs for this procedure, which is the 25% percentile of the survey data. The expert panel believes that the 25th percentile RVU compares appropriately with the key reference service code, 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less*, which has 1.07 RVUs and 7 minutes of pre time and 12 minutes of intra time, and 5 minutes of post time. We also think this compares well with other non-dermatology codes with similar times and RVUs as shown in the table below.

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Positioning	Scrub, Dress,	Intra Time	Post Time	Total Time	IWPUT	Recent RUC
17250	Chemical cauterization of granulation tissue (p	000	0.50	5	2	0	5	5	17	0.0462	Oct10
11900	Injection, intralesional; up to and including 7 le	000	0.52	5	0	0	8	2	15	0.0454	Apr10
92511	Nasopharyngoscopy with endoscope (separat	000	0.61	4	0	5	5	3	17	0.0825	Oct10
20600	Arthrocentesis, aspiration and/or injection, sm	000	0.66	5	1	5	5	5	21	0.0746	Oct10
20605	Arthrocentesis, aspiration and/or injection, int	000	0.68	5	1	5	5	5	21	0.0786	Oct10
64450	Injection, anesthetic agent; other peripheral ne	000	0.75	10	0	0	5	5	20	0.0828	Sept11
20610	Arthrocentesis, aspiration and/or injection, ma	000	0.79	5	1	5	5	5	21	0.1006	Oct10
11X02	Tangential biopsy of skin, (eg, shave, scoop, s	000	0.80	3	2	2	6	5	18	0.0933	__
12001	Simple repair of superficial wounds of scalp, n	000	0.84	5	1	1	10	5	22	0.0585	Apr10
20604	Arthrocentesis, aspiration and/or injection, sm	000	0.89	5	2	5	10	5	27	0.0581	Jan14
51705	Change of cystostomy tube; simple	000	0.90	7	5	0	10	10	32	0.0407	Oct10
98942	Chiropractic manipulative treatment (CMT); sp	000	0.96	6	0	0	12	5	23	0.0595	Oct12
20606	Arthrocentesis, aspiration and/or injection, int	000	1.00	5	2	5	10	5	27	0.0691	Jan14
11X04	Punch biopsy of skin, (including simple closur	000	1.00	5	2	2	10	5	25	0.0707	
12011	Simple repair of superficial wounds of face, ea	000	1.07	5	1	1	12	5	24	0.068	Apr10
30901	Control nasal hemorrhage, anterior, simple (lin	000	1.10	6	0	5	10	5	26	0.0813	Apr10
11980	Subcutaneous hormone pellet implantation (in	000	1.10	7	2	1	12	5	27	0.0649	Jan14
20611	Arthrocentesis, aspiration and/or injection, ma	000	1.10	5	2	5	10	5	27	0.0791	Jan14
12002	Simple repair of superficial wounds of scalp, n	000	1.14	5	1	1	15	5	27	0.059	Apr10
45331	Sigmoidoscopy, flexible; with biopsy, single o	000	1.14	13	3	5	15	10	46	0.0345	Oct13
67810	Incisional biopsy of eyelid skin including lid m	000	1.18	8	1	2	13	3	27	0.0688	Sept11
11X06	Incisional biopsy of skin (eg, wedge), (includi	000	1.20	6	3	3	15	6	33	0.056	
12013	Simple repair of superficial wounds of face, ea	000	1.22	5	1	1	15	5	27	0.0644	Apr10
40490	Biopsy of lip	000	1.22	8	1	5	15	5	34	0.0577	Sept11
44385	Endoscopic evaluation of small intestinal pouc	000	1.30	19	3	5	15	10	52	0.0362	Oct13
51710	Change of cystostomy tube; complicated	000	1.35	7	5	0	15	15	42	0.0497	Oct10
43450	Dilation of esophagus, by unguided sound or b	000	1.38	19	3	5	15	14	56	0.0355	Oct12
12004	Simple repair of superficial wounds of scalp, n	000	1.44	5	1	1	17	5	29	0.0697	Apr10
64487	Transversus abdominis plane (TAP) block (abd	000	1.48	5	5	5	15	10	40	0.0661	Apr14
15271	Application of skin substitute graft to trunk, ar	000	1.50	13	1	6	15	10	45	0.0609	Apr11

In summary, the expert panel recommends 1.00 RVUs, 10 minutes of pre-service time, 10 minutes for intra-service time and 5 minutes of post-time for code 11104.

This is a new code set that has expanded the biopsy code family from two to six codes. The biopsy code group will now include procedures previously billed using other CPT codes. Thus, we do not believe the rules regarding budget neutrality and/or compelling evidence apply. However, anticipating committee concern we will be prepared to discuss issues pertaining to flawed methodology and changes in patient population if requested to do so.

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) Using CPT code 11100

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3376896
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the original code was split into 3 codes, we estimate 11X04 to account for 34% if the 2015 Medicare utilization. We multiplied this number by 3 to estmate the national utilzation rate.

Specialty Dermatology Frequency 2657955 Percentage 78.71 %

Specialty Physician Assistant Frequency 364705 Percentage 10.80 %

Specialty Nurse Practitioner Frequency 144531 Percentage 4.27 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 503,745 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the original code was split into 3 codes, we estimate 11X04 to account for 14% if the 2016 Medicare utilization for 11100.

Specialty Dermatology Frequency 396497 Percentage 78.70 %

Specialty Physician Assistant Frequency 54354 Percentage 10.78 %

Specialty Nurse Practitioner Frequency 21510 Percentage 4.27 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Select BETOS Classification

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. 11100

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11105 Tracking Number A4 Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.45**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.45**

CPT Descriptor: Punch biopsy of skin, (including simple closure when performed), each separate/additional lesion (List separately in addition to code for primary procedure)
(Report 11105 in conjunction with 11104, 11106 when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used).

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient presents with multiple indurated plaques, which may represent deeply invasive basal or squamous cell carcinomas. A punch biopsy is performed on each additional lesion The biopsy wound is sutured.
(Note: This is an add-on code for the additional physician work related to the biopsy of one additional lesion. The physician work for the biopsy of the first lesion would be reported separately with code 11104.)

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:

Description of Intra-Service Work: Using a punch technique remove a sample of the lesion with a punch instrument suitable for the depth and width of tissue needed. This is accomplished by firmly pressing a perpendicularly oriented punch instrument into the skin and rotating the instrument in an alternating clockwise/counterclockwise twisting motion while providing firm traction on the surrounding skin. The punch instrument is advanced using this twisting motion to the desired depth. Using scissors, carefully separate the deep biopsy margin and remove tissue sample using forceps. Inspect tissue removed and base of biopsy for adequacy of biopsy, evidence of pigmentation and gross presence and extent of tumor at bottom of defect. Collect specimen in labeled formalin container. Achieve hemostasis. Undermine wound edges as needed to facilitate repair. Suture to approximate wound edges. Determine the adequacy of closure.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Howard Rogers, M.D., Mark Kaufmann, M.D., Daniel Siegel, M.D.				
Specialty(s):	American Academy Of Dermatology				
CPT Code:	11105				
Sample Size:	2000	**Resp N:**	101	**Response:** 5.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**30.00**	66.00	100.00
Survey RVW:	0.20	0.64	**0.90**	1.10	1.75
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	5.00	**10.00**	15.00	32.00

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:	11105	**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:		**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:		**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)

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
11045	ZZZ	0.50	**RUC Time**

CPT Descriptor Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15274	ZZZ	0.80	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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**	350,494

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
		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: 16 **% of respondents:** 15.8 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 11105	Top Key Reference CPT Code: 11045	2nd Key Reference CPT Code: **15274**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	10.00	15.00	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	**10.00**	**15.00**	**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%	41%	18%	12%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	17%	35%	48%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	76%	18%
Urgency of medical decision making	6%	65%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	24%	47%	29%
Physical effort required	29%	41%	30%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	24%	65%	11%
Outcome depends on the skill and judgment of physician	18%	71%	11%
Estimated risk of malpractice suit with poor outcome	24%	59%	17%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	19%	44%	31%	6%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	25%	75%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	38%	62%
Urgency of medical decision making	6%	38%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	63%	31%
Physical effort required	13%	50%	37%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	19%	69%	12%
Outcome depends on the skill and judgment of physician	13%	69%	18%
Estimated risk of malpractice suit with poor outcome	13%	63%	24%

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 skin biopsy codes 11100 and 11101 were identified by the "high expenditure services across specialties with Medicare allowed charges of $10 million or more" screen in 2016. The American Academy of Dermatology Association (AADA) surveyed those codes for the April 2016 RUC meeting. The survey response was bimodal, indicating the need for revision of the codes. As a result, the AADA requested the opportunity to develop new CPT codes to distinguish the different types of skin biopsies by technique. The CPT Editorial Panel approved the creation of six new codes (three primary and three add-on) based on the techniques utilized. The existing codes 11100 and 11101 are being eliminated.

The AADA surveyed these six new skin biopsy codes (11102 -11107) for the April RUC meeting and convened an expert panel which developed the following recommendations.

Recommendations

Pre-service time:

Even though the surveyors did not get the opportunity to indicate the times for pre service period in the survey, the expert panel feels that additional time is needed for positioning the patient and scrub/dress/wait, as there is no overlapping work between the primary codes and the add-one code. Based on survey responses on time for the primary codes, the expert panel recommends adding 2 minutes for positioning and 3 minutes for scrub, dress and wait times. The 11105 add-on code is to be used any time a punch biopsy is done in addition to another punch or incisional skin biopsy. Additional pre-service time is needed for each additional skin biopsy.

Intra-service time:

The expert panel recommends the median intra-service time of 10 minutes.

Post-service time:

The expert panel believes there is distinct post service work associated with this add-on code. However, given the code being a ZZZ global period, we are uncertain whether or not to include this work and the associated minutes.

Relative Value Units:

The expert panel recommends 0.64 work RVUs for this procedure, which is the 25% percentile of the survey data. The expert panel believes that the 25th percentile RVU compares appropriately with the MPC code, 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s),* which has 0.66 RVUs and 11 minutes pre time, 5 minutes of intra time, and 5 minutes of post time. We also think this compares well with other non-dermatology codes with similar times and RVUs as shown in the table below.

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Scrub, Dress, Wait Time	Intra Time	Post Time	Total Time	IWPUT
94729	Diffusing capacity (eg, carbon monoxide, mem	ZZZ	0.19	0	0	0	5	0	5	0.038
96367	Intravenous infusion, for therapy, prophylaxis,	ZZZ	0.19	1	0	0	5	0	6	0.0335
96417	Chemotherapy administration, intravenous infu	ZZZ	0.21	2	0	0	6	0	8	0.0275
15272	Application of skin substitute graft to trunk, ar	ZZZ	0.33	0	0	0	10	0	10	0.033
77001	Fluoroscopic guidance for central venous acce	ZZZ	0.38	0	0	0	9	4	13	0.0323
11732	Avulsion of nail plate, partial or complete, simp	ZZZ	0.44	0	1	1	10	1	13	0.0387
15276	Application of skin substitute graft to face, sca	ZZZ	0.50	0	0	0	10	0	10	0.0500
11X03	Tangential biopsy of skin, (eg, shave, scoop, s	ZZZ	0.50		2	2	7	0	11	0.0627
11045	Debridement, subcutaneous tissue (includes e	ZZZ	0.50	0	0	0	15	0	15	0.0333
77063	Screening digital breast tomosynthesis, bilate	ZZZ	0.60	0	0	0	8	0	8	0.0750
11X05	Punch biopsy of skin, (including simple closur	ZZZ	0.64		2	3	10	0	15	0.0571
15274	Application of skin substitute graft to trunk, ar	ZZZ	0.80	0	0	0	10	0	10	0.0800
19286	Placement of breast localization device(s) (eg,	ZZZ	0.85	0	1	4	14	0	19	0.0568
10036	Placement of soft tissue localization device(s)	ZZZ	0.85	0	0	0	14	0	14	0.0607
93567	Injection procedure during cardiac catheterizat	ZZZ	0.97	0	0	0	15	0	15	0.0647
11X07	Incisional biopsy of skin (eg, wedge), (includin	ZZZ	0.99	0	3	3	15	0	21	0.0599
15278	Application of skin substitute graft to face, sca	ZZZ	1.00	0	0	0	14	0	14	0.0714
64462	Paravertebral block (PVB) (paraspinous block)	ZZZ	1.10	0	0	0	15	0	15	0.0733
64636	Destruction by neurolytic agent, paravertebral	ZZZ	1.16	0	0	0	15	0	15	0.0773
13102	Repair, complex, trunk; each additional 5 cr	ZZZ	1.24	0	0	0	30	0	30	0.0413

In summary, the expert panel recommends 0.64 RVUs, 5 minutes of pre-service time and 10 minutes for intra-service time for code 11105.

This is a new code set that has expanded the biopsy code family from two to six codes. The biopsy code group will now include procedures previously billed using other CPT codes. Thus, we do not believe the rules regarding budget neutrality and/or compelling evidence apply. However, anticipating committee concern we will be prepared to discuss issues pertaining to flawed methodology and changes in patient population if requested to do so.

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) Using CPT Code 11101

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1619742
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three new add-on codes, we estimate 11X05 to account for 38% of the 2015 Medicare utilatzation rate. We multiplied this number by 3 to estimate the national utilzation rate.

Specialty Dermatology Frequency 1286723 Percentage 79.43 %

Specialty Phsyicain Assistant Frequency 180763 Percentage 11.15 %

Specialty Nurse Practitioner Frequency 71755 Percentage 4.43 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 213,484 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three new add-on codes, we estimate 11X05 to account for 14% of the 2016 Medicare utilatzation of 11101.

Specialty Dermatology Frequency 428910 Percentage 79.44 %

Specialty Phsyician Assistant Frequency 60254 Percentage 11.15 %

Specialty Nurse Practitioner Frequency 23919 Percentage 4.43 %

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:
Select BETOS Classification

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. 11101

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11106 Tracking Number A5 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.01**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **1.01**

CPT Descriptor: Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female patient presents with multiple tender, indurated nodules consistent with a subcutaneous inflammatory process, such as panniculitis. An incisional biopsy is performed and the wound is sutured.

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 relevant data in medical records and prior pathology results. Obtain pertinent history from patient to include the history of the nodules, history of autoimmune or coagulation disease, history of skin cancer or internal malignancy, full medication review including new medication or anticoagulants, full review of systems, etc. Inspect and palpate lesions to assess surface size, subcutaneous depth and extension, and whether fixed to underlying structures. Select the most representative and appropriate lesion and site to obtain specimen. Examine draining lymph node basins. Discuss need for skin biopsy and biopsy technique options. Describe the incisional biopsy procedure method and expected result and the potential for inconclusive pathology result. Review procedural risks, including bleeding, pain, edema, infection, delayed healing, scarring, and hyper or hypopigmentation, and dehiscence. Obtain informed consent and advise staff on necessary supplies and instrument tray preparation.
Patient is gowned and positioned. Identify and measure most suitable lesional area. With sterile surgical marker, delineate extent of the lesion and the margins of the incisional biopsy and photograph the site. Perform a time out. Sterilely prep patient's skin with a dermatological surgery scrub. Inject procedure site with an appropriate local anesthetic and wait for effect. Apply sterile drapes.

Description of Intra-Service Work: Using a vertical incisional technique, sharply remove an optimally deep and wide sample of the lesion with a scalpel. This is accomplished by a vertically oriented incision passing through the epidermis and dermis into the subcutis to remove a fusiform sample of skin or a sample of subcutaneous tissue. Appropriate dissection is performed to free the tissue sample from the defect. Inspect tissue removed and base of biopsy for adequacy of biopsy, depth of inflammatory or neoplastic process, and gross presence and extent of inflammation, necrosis or tumor at bottom of defect. Collect specimen in labeled formalin container. Achieve hemostasis. Undermine wound edges to facilitate repair through decreased tension on tissue margins. Suture to approximate wound edges. Determine the adequacy of closure.

Description of Post-Service Work: Apply antibiotic ointment and a sterile pressure dressing. Instruct patient and family on postoperative wound care, dressing changes, as well as instructions for problems such as bleeding, pain, or dehiscence and restrictions on motions and activities, and follow-up care. Provide prescriptions for pain and antibiotics, as necessary. Advise the patient and family when results will be available and how they will be communicated. The pathology request form is filled out and signed by the physician. Complete medical record and communicate procedure / results to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Howard Rogers, M.D., Mark Kaufmann, M.D. and Daniel Siegel, M.D.				
Specialty(s):	American Academy Of Dermatology				
CPT Code:	11106				
Sample Size:	2000	**Resp N:**	101	**Response:** 5.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**20.00**	40.00	300.00
Survey RVW:	0.55	1.20	**1.48**	1.68	3.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	10.00	**15.00**	21.00	60.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	11106	**Recommended Physician Work RVU: 1.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**17.00**	**-11.00**
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:		**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
12014	000	1.57	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11313	000	1.68	**RUC Time**

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	52,083

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

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: 27 **% of respondents:** 26.7 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 15.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 11106	Top Key Reference CPT Code: 12014	2nd Key Reference CPT Code: **11313**
Median Pre-Service Time	12.00	7.00	6.00
Median Intra-Service Time	15.00	20.00	35.00
Median Immediate Post-service Time	6.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**32.00**	**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%	7%	32%	47%	14%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	18%	82%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	25%	75%
Urgency of medical decision making	4%	32%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	43%	53%
Physical effort required	0%	54%	46%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	4%	39%	57%
Outcome depends on the skill and judgment of physician	0%	57%	43%
Estimated risk of malpractice suit with poor outcome	14%	50%	36%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	44%	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	6%	44%	50%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	56%	44%
Urgency of medical decision making	0%	63%	37%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	44%	56%
Physical effort required	0%	44%	56%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	50%	50%
Outcome depends on the skill and judgment of physician	0%	50%	50%
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.

The existing skin biopsy codes 11100 and 11101 were identified by the "high expenditure services across specialties with Medicare allowed charges of $10 million or more" screen in 2016. The American Academy of Dermatology Association (AADA) surveyed those codes for the April 2016 RUC meeting. The survey response was bimodal, indicating the need for revision of the codes. As a result, the AADA requested the opportunity to develop new CPT codes to distinguish the different types of skin biopsies by technique. The CPT Editorial Panel approved the creation of six new codes (three primary and three add-on) based on the techniques utilized. The existing codes 11100 and 11101 are being eliminated.

The AADA surveyed these six new skin biopsy codes (11102 -11107) for the April RUC meeting and convened an expert panel which developed the following recommendations.

Recommendations

Pre-service time:

The expert panel recommends the median survey pre service time of 6 minutes for evaluation, 3 minutes for positioning and 3 minutes for scrub, dress and wait times. We selected pre-time package 6, for a non-facility procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect. Given the complexity and time requirements of this procedure, the specialty society feels that it is unlikely that this procedure will be reported on the same day as an Evaluation and Management (E/M).

Intra-service time:

The expert panel recommends the median intra-service time of 15 minutes.

Post-Service time

The expert panel believes the survey median post-service time of 6 minutes would accurately account for the work performed during the post service time.

Relative Value Units:

The expert panel recommends 1.20 work RVUs for this procedure, which is the 25% percentile of the survey data. The expert panel believes that the 25th percentile RVU compares appropriately with the MPC code, 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm*, which has 1.22 RVUs and 7 minutes of pre time and 15 minutes of intra time, and 5 minutes of post time. The survey 25th percentile RVU is lower than the KRS RVU, even though the times are pretty close. We also think this compares well with other non-dermatology codes with similar times and RVUs as shown in the table below.

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Positioning	Scrub, Dress,	Intra Time	Post Time	Total Time	IWPUT	Recent RUC
17250	Chemical cauterization of granulation tissue (p	000	0.50	5	2	0	5	5	17	0.0462	Oct10
11900	Injection, intralesional; up to and including 7 le	000	0.52	5	0	0	8	2	15	0.0454	Apr10
92511	Nasopharyngoscopy with endoscope (separat	000	0.61	4	0	5	5	3	17	0.0825	Oct10
20600	Arthrocentesis, aspiration and/or injection, sm	000	0.66	5	1	5	5	5	21	0.0746	Oct10
20605	Arthrocentesis, aspiration and/or injection, int	000	0.68	5	1	5	5	5	21	0.0786	Oct10
64450	Injection, anesthetic agent; other peripheral ne	000	0.75	10	0	0	5	5	20	0.0828	Sept11
20610	Arthrocentesis, aspiration and/or injection, ma	000	0.79	5	1	5	5	5	21	0.1006	Oct10
11X02	Tangential biopsy of skin, (eg, shave, scoop, s	000	0.80	3	2	2	6	5	18	0.0933	__
12001	Simple repair of superficial wounds of scalp, n	000	0.84	5	1	1	10	5	22	0.0585	Apr10
20604	Arthrocentesis, aspiration and/or injection, sm	000	0.89	5	2	5	10	5	27	0.0581	Jan14
51705	Change of cystostomy tube; simple	000	0.90	7	5	0	10	10	32	0.0407	Oct10
98942	Chiropractic manipulative treatment (CMT); sp	000	0.96	6	0	0	12	5	23	0.0595	Oct12
20606	Arthrocentesis, aspiration and/or injection, int	000	1.00	5	2	5	10	5	27	0.0691	Jan14
11X04	Punch biopsy of skin, (including simple closur	000	1.00	5	2	2	10	5	25	0.0707	
12011	Simple repair of superficial wounds of face, ea	000	1.07	5	1	1	12	5	24	0.068	Apr10
30901	Control nasal hemorrhage, anterior, simple (lin	000	1.10	6	0	5	10	5	26	0.0813	Apr10
11980	Subcutaneous hormone pellet implantation (in	000	1.10	7	2	1	12	5	27	0.0649	Jan14
20611	Arthrocentesis, aspiration and/or injection, ma	000	1.10	5	2	5	10	5	27	0.0791	Jan14
12002	Simple repair of superficial wounds of scalp, n	000	1.14	5	1	1	15	5	27	0.059	Apr10
45331	Sigmoidoscopy, flexible; with biopsy, single o	000	1.14	13	3	5	15	10	46	0.0345	Oct13
67810	Incisional biopsy of eyelid skin including lid m	000	1.18	8	1	2	13	3	27	0.0688	Sept11
11X06	Incisional biopsy of skin (eg, wedge), (includi	000	1.20	6	3	3	15	6	33	0.056	
12013	Simple repair of superficial wounds of face, ea	000	1.22	5	1	1	15	5	27	0.0644	Apr10
40490	Biopsy of lip	000	1.22	8	1	5	15	5	34	0.0577	Sept11
44385	Endoscopic evaluation of small intestinal pouc	000	1.30	19	3	5	15	10	52	0.0362	Oct13
51710	Change of cystostomy tube; complicated	000	1.35	7	5	0	15	15	42	0.0497	Oct10
43450	Dilation of esophagus, by unguided sound or b	000	1.38	19	3	5	15	14	56	0.0355	Oct12
12004	Simple repair of superficial wounds of scalp, n	000	1.44	5	1	1	17	5	29	0.0697	Apr10
64487	Transversus abdominis plane (TAP) block (abd	000	1.48	5	5	5	15	10	40	0.0661	Apr14
15271	Application of skin substitute graft to trunk, ar	000	1.50	13	1	6	15	10	45	0.0609	Apr11

In summary, the expert panel recommends 1.20 RVUs, 12 minutes of pre-service time, 15 minutes for intra-service time and 6 minutes of post-time for code 11106.

This is a new code set that has expanded the biopsy code family from two to six codes. The biopsy code group will now include procedures previously billed using other CPT codes. Thus, we do not believe the rules regarding budget neutrality and/or compelling evidence apply. However, anticipating committee concern we will be prepared to discuss issues pertaining to flawed methodology and changes in patient population if requested to do so.

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) Using Cpt Code 11100.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 496602
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the original code was split into 3 codes, we estimate 11X06 to account for 5% the 2015 Medicare utilization. We multiplied this number by 3 to estmate the national utilzation rate.

Specialty Dermatology Frequency 390875 Percentage 78.70 %

Specialty Phsyciain Assistant Frequency 53633 Percentage 10.79 %

Specialty Nurse Practitioner Frequency 21256 Percentage 4.28 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,982
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the original code was split into 3 codes, we estimate 11X06 to account for 1% the 20160 Medicare utilization of 11100.

Specialty Dermatology Frequency 28321 Percentage 78.70 %

Specialty Phsyician Assistant Frequency 3886 Percentage 10.79 %

Specialty Nurse Practitioner Frequency 1540 Percentage 4.27 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Select BETOS Classification

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. 11100

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11107 Tracking Number A6 Original Specialty Recommended RVU: **0.99**
Presented Recommended RVU: **0.54**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.54**

CPT Descriptor: Incisional biopsy of skin (eg, wedge), (including simple closure when performed), each separate/additional lesion (List separately in addition to code for primary procedure)
(Report 11107 in conjunction with 11106)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female patient presents with multiple tender, indurated nodules consistent with a subcutaneous inflammatory process, such as panniculitis. An incisional biopsy is performed and the wound is sutured (Note: This is an add-on code for the additional physician work related to the biopsy of one additional lesion. The physician work for the biopsy of the first lesion would be reported separately with code 11106.)

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:

Description of Intra-Service Work: Using a vertical incisional technique, sharply remove an optimally deep and wide sample of the lesion with a scalpel. This is accomplished by a vertically oriented incision passing through the epidermis and dermis into the subcutis to remove a fusiform sample of skin or a sample of subcutaneous tissue. Appropriate dissection is performed to free the tissue sample from the defect. Inspect tissue removed and base of biopsy for adequacy of biopsy, depth of inflammatory or neoplastic process, and gross presence and extent of inflammation, necrosis or tumor at bottom of defect. Collect specimen in labeled formalin container. Achieve hemostasis. Undermine wound edges to facilitate repair through decreased tension on tissue margins. Suture to approximate wound edges. Determine the adequacy of closure.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Howard Rogers, M.D., Mark Kaufmann, M.D., and Daniel Siegel, M.D.				
Specialty(s):	American Academy Of Dermatology				
CPT Code:	11107				
Sample Size:	2000	**Resp N:**	101	**Response:** 5.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**5.00**	15.00	200.00
Survey RVW:	0.44	0.99	**1.20**	1.41	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	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)

ZZZ Global Code

CPT Code:	11107	**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:		**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? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
13102	ZZZ	1.24	**RUC Time**

CPT Descriptor Repair, complex, trunk; each additional 5 cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
13122	ZZZ	1.44	**RUC Time**

CPT Descriptor Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15003	ZZZ	0.80	**RUC Time**	43,151

CPT Descriptor 1 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

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: 26 **% of respondents:** 25.7 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 11107	Top Key Reference CPT Code: 13102	2nd Key Reference CPT Code: **13122**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	30.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**30.00**	**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%	11%	46%	39%	4%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	4%	25%	71%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4%	32%	64%
Urgency of medical decision making	0%	46%	54%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	46%	29%
Physical effort required	11%	61%	28%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	7%	54%	39%
Outcome depends on the skill and judgment of physician	14%	50%	36%
Estimated risk of malpractice suit with poor outcome	21%	50%	29%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	55%	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	0%	39%	61%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	50%	50%
Urgency of medical decision making	6%	44%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	61%	33%
Physical effort required	6%	50%	44%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	67%	33%
Outcome depends on the skill and judgment of physician	6%	56%	38%
Estimated risk of malpractice suit with poor outcome	21%	50%	29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The existing skin biopsy codes 11100 and 11101 were identified by the "high expenditure services across specialties with Medicare allowed charges of $10 million or more" screen in 2016. The American Academy of Dermatology Association (AADA) surveyed those codes for the April 2016 RUC meeting. The survey response was bimodal, indicating the need for revision of the codes. As a result, the AADA requested the opportunity to develop new CPT codes to distinguish the different types of skin biopsies by technique. The CPT Editorial Panel approved the creation of six new codes (three primary and three add-on) based on the techniques utilized. The existing codes 11100 and 11101 are being eliminated.

The AADA surveyed these six new skin biopsy codes (11102 -11107) for the April RUC meeting and convened an expert panel which developed the following recommendations.

Recommendations

Pre-service time:

Even though the surveyors did not get the opportunity to indicate the times for pre service period in the survey, the expert panel feels that additional time is needed for positioning the patient and scrub/dress/wait, as there is no overlapping work between the primary codes and the add-one code. Based on survey responses on time for the primary codes, the expert panel recommends adding 3 minutes for positioning and 3 minutes for scrub, dress and wait times. Additional pre-service time is needed for each additional skin biopsy.

Intra-service time:

The expert panel recommends the median intra-service time of 15 minutes.

Post-service time:

The expert panel believes there is distinct post service work associated with this add-on code. However, given the code being a ZZZ global period, we are uncertain whether or not to include this work and the associated minutes.

Relative Value Units:

The expert panel recommends 0.99 work RVUs for this procedure, which is the 25% percentile of the survey data. The expert panel believes that the 25th percentile RVU compares appropriately with the key reference service code, 13102 *Repair, complex, trunk; each additional 5 cm or less*, which has 1.24 RVUs and 30 minutes of intra time. We also think this compares well with other non-dermatology codes with similar times and RVUs as shown in the table below.

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Scrub, Dress, Wait Time	Intra Time	Post Time	Total Time	IWPUT
94729	Diffusing capacity (eg, carbon monoxide, mem	ZZZ	0.19	0	0	0	5	0	5	0.038
96367	Intravenous infusion, for therapy, prophylaxis,	ZZZ	0.19	1	0	0	5	0	6	0.0335
96417	Chemotherapy administration, intravenous infu	ZZZ	0.21	2	0	0	6	0	8	0.0275
15272	Application of skin substitute graft to trunk, ar	ZZZ	0.33	0	0	0	10	0	10	0.033
77001	Fluoroscopic guidance for central venous acce	ZZZ	0.38	0	0	0	9	4	13	0.0323
11732	Avulsion of nail plate, partial or complete, simp	ZZZ	0.44	0	1	1	10	1	13	0.0387
15276	Application of skin substitute graft to face, sca	ZZZ	0.50	0	0	0	10	0	10	0.0500
11X03	Tangential biopsy of skin, (eg, shave, scoop, s	ZZZ	0.50		2	2	7	0	11	0.0627
11045	Debridement, subcutaneous tissue (includes e	ZZZ	0.50	0	0	0	15	0	15	0.0333
77063	Screening digital breast tomosynthesis, bilate	ZZZ	0.60	0	0	0	8	0	8	0.0750
11X05	Punch biopsy of skin, (including simple closur	ZZZ	0.64		2	3	10	0	15	0.0571
15274	Application of skin substitute graft to trunk, ar	ZZZ	0.80	0	0	0	10	0	10	0.0800
19286	Placement of breast localization device(s) (eg,	ZZZ	0.85	0	1	4	14	0	19	0.0568
10036	Placement of soft tissue localization device(s)	ZZZ	0.85	0	0	0	14	0	14	0.0607
93567	Injection procedure during cardiac catheterizat	ZZZ	0.97	0	0	0	15	0	15	0.0647
11X07	Incisional biopsy of skin (eg, wedge), (includin	ZZZ	0.99	0	3	3	15	0	21	0.0599
15278	Application of skin substitute graft to face, sca	ZZZ	1.00	0	0	0	14	0	14	0.0714
64462	Paravertebral block (PVB) (paraspinous block)	ZZZ	1.10	0	0	0	15	0	15	0.0733
64636	Destruction by neurolytic agent, paravertebral	ZZZ	1.16	0	0	0	15	0	15	0.0773
13102	Repair, complex, trunk; each additional 5 cr	ZZZ	1.24	0	0	0	30	0	30	0.0413

In summary, the expert panel recommends 0.99 RVUs, 6 minutes of per-service time and 15 minutes for intra-service time for code 11107.

This is a new code set that has expanded the biopsy code family from two to six codes. The biopsy code group will now include procedures previously billed using other CPT codes. Thus, we do not believe the rules regarding budget neutrality and/or compelling evidence apply. However, anticipating committee concern we will be prepared to discuss issues pertaining to flawed methodology and changes in patient population if requested to do so.

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) Using CPT code 11101

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 170499
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three new add-on codes, we divided the 2015 Medicare utilatzation rate by 3 and multiply it by 3 to estimate the national utilzation rate.

Specialty Dermatology Frequency 135444 Percentage 79.43 %

Specialty Physician Assistant Frequency 19028 Percentage 11.16 %

Specialty Nurse Practitioner Frequency 7553 Percentage 4.42 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,249
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three new add-on codes, 11X07 will be 1% of the 2016 Medicare utilization for 11101.

Specialty Dermatology Frequency 12112 Percentage 79.42 %

Specialty Physician Assistant Frequency 1702 Percentage 11.16 %

Specialty Nurse Practitioner Frequency 675 Percentage 4.42 %

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:
Select BETOS Classification

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. 11101

SS Rec Summary

ISSUE: Skin Biopsy 11102-11107

TAB: 65

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	11301	Shaving of epidermal or dermal	36	0.048			0.90			26		1	5			15			5
2nd REF	11310	Shaving of epidermal or dermal	22	0.031			0.80			31		1	5			20			5
CURRENT	11100	Biopsy of skin, subcutaneous tissue a		0.049			0.81			22	5					12			5
SVY	11102	Tangential biopsy of skin, (eg, s	101	0.103	0.32	0.80	0.90	1.10	1.50	20	5	2	2	1	3	6	12	60	5
REC	11102	Tangential biopsy of skin, (eg, s	101	0.070			0.66			18	3	2	2			6			5
Crosswalk	20052	Injection(s); single or multiple trigger p		0.075			0.66			21	5	1	5			5			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	11045	Debridement, subcutaneous tiss	19	0.033			0.50			15						15			
2nd REF	11732	Avulsion of nail plate, partial or	16	0.041			0.38			11		1	1			8			1
CURRENT	11101	Biopsy of skin, subcutaneous tissue a		0.041			0.41			10						10			
SVY	11103	Tangential biopsy of skin, (eg, s	101	0.101	0.20	0.50	0.71	0.99	2.20	7				1	3	7	10	30	
REC	11103	Tangential biopsy of skin, (eg, s	101	0.063			0.38			6						6			
Crosswalk	11732	Avulsion of nail plate, partial or	16	0.041			0.38			11		1	1			8			1

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
35						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
36	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
37	1st REF	12011	Simple repair of superficial wou	29	0.068			1.07			24	5	1	1			12			5
38	2nd REF	12001	Simple repair of superficial wou	22	0.059			0.84			22	5	1	1			10			5
39	CURRENT	11100	Biopsy of skin, subcutaneous tissue a		0.049			0.81			22	5					12			5
40	SVY	11104	Punch biopsy of skin, (including	101	0.081	0.45	1.00	1.10	1.30	2.00	25	5	2	3	1	5	10	15	60	5
41	REC	11104	Punch biopsy of skin, (including	101	0.058			0.83			23	3	2	3			10			5
42	Crosswalk	69220	Debridement, mastoidectomy cavity, s		0.065			0.83			18	5	1				10			2
43																				
44																				
45						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
46	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
47	1st REF	11045	Debridement, subcutaneous tiss	16	0.033			0.50			15						15			
48	2nd REF	15274	Application of skin substitute gr	14	0.080			0.80			10						10			
49	CURRENT	11101	Biopsy of skin, subcutaneous tissue a		0.041			0.41			10						10			
50	SVY	11105	Punch biopsy of skin, (including	101	0.090	0.20	0.64	0.90	1.10	1.75	10				2	5	10	15	32	
51	REC	11105	Punch biopsy of skin, (including	101	0.045			0.45			10						10			
52	Crosswalk	92134	Scanning computerized ophthalmic dia		0.043			0.45			11	1					10			
53																				
54																				

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
55						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
56	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
57	1st REF	12014	Simple repair of superficial wou	27	0.066			1.57			32	5	1	1			20			5
58	2nd REF	11313	Shaving of epidermal or dermal	16	0.043			1.68			46		1	5			35			5
59	CURRENT	11100	Biopsy of skin, subcutaneous tissue a		0.049			0.81			22	5					12			5
60	SVY	11106	Incisional biopsy of skin (eg, we	101	0.075	0.55	1.20	1.48	1.68	3.00	33	6	3	3	1	10	15	21	60	6
61	REC	11106	Incisional biopsy of skin (eg, we	101	0.043			1.01			33	6	3	3			15			6
62	Cross Walk	11042	Debridement, subcutaneous tissue (in		0.037			1.01			36	9	1	1			15			10
63																				
64																				
65						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
66	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
67	1st REF	13102	Repair, complex, trunk; each ad	26	0.041			1.24			30						30			
68	2nd REF	13122	Repair, complex, scalp, arms, ar	18	0.048			1.44			30						30			
69	CURRENT	11101	Biopsy of skin, subcutaneous tissue a		0.041			0.41			10						10			
70	SVY	11107	Incisional biopsy of skin (eg, we	101	0.080	0.44	0.99	1.20	1.41	3.00	15				3	10	15	20	45	
71	REC	11107	Incisional biopsy of skin (eg, we	101	0.036			0.54			15						15			
72	Cross walk	77002	Fluoroscopic guidance for needle plac		0.033			0.54			17	2					15			

CPT Code: 11102

Specialty Society('s) American Academy of Dermatology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single lesion

Global Period: 000 Meeting Date: 04/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 11100) as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending more minutes than PE subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The current staff times and some supplies and equipment are out dated. For instance, the reference code contains no preservice time, including no time is allocated for anesthesia. However, preservice time is obviously needed in this procedure as anesthesia is part and parcel of the procedure. An example of supplies: the current code does not contain safety enhanced supplies, such as OSHA complaint syringes or eye protection to name but a few. An example of equipment is that the reference code has no mayo stand, which is of course is a necessary supply needed during the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Greet patient, ensure appropriate medical records are available. Review of pertinent test results. Obtain vital signs. Provide pre-service education on treatment requirements, risks and scheduling /obtain consent. Prepare room, equipment, supplies. Patient is gowned and positioned. Photograph lesions and treatment area for documentation. Sterilize the site for biopsy. Assist physician in setting up sterile field. Assist physician with injection of local anesthetic lesion.

Intra-Service Clinical Labor Activities:

Assist the physician in performing the procedure and all of its component parts.

Post-Service Clinical Labor Activities:

Check dressings and operative areas. Communicate with patient and family on post-procedural care and ensure understanding of prescriptions. Complete diagnostic forms. Clean room and instruments.

CPT Code: 11103

Specialty Society('s) American Academy of Dermatology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each separate/additional lesion

Global Period: ZZZ Meeting Date: 04/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 11101) as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending more minutes than PE subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The current staff times and some supplies and equipment are out dated. For instance, the reference code contains no preservice time, including no time is allocated for anesthesia. However, preservice time is obviously needed in this procedure as anesthesia is part and parcel of the procedure. An example of supplies: the current code does not contain safety enhanced supplies, such as OSHA complaint syringes or eye protection to name but a few. An example of equipment is that the reference code has no mayo stand, which is of course is a necessary supply needed during the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Assist in positioning the patient. Sterilize the site for biopsy. Assist in setting up sterile field. Assist physician with injection of local anesthetic to selected lesion.

Intra-Service Clinical Labor Activities:

Assist the physician in performing the procedure and all its component parts. Apply dressing.

Post-Service Clinical Labor Activities:

Check dressing and give site specific instructions.

CPT Code: 11104

Specialty Society('s) American Academy of Dermatology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Punch biopsy of skin, (including simple closure when performed), single lesion

Global Period: 000 Meeting Date: 04/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 11100) as a reference.

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We are not recommending more minutes than PE subcommittee standards.

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The current staff times and some supplies and equipment are out dated. For instance, the reference code contains no preservice time, including no time is allocated for anesthesia. However, preservice time is obviously needed in this procedure as anesthesia is part and parcel of the procedure. An example of supplies: the current code does not contain safety enhanced supplies, such as OSHA complaint syringes or eye protection to name but a few. An example of equipment is that the reference code has no mayo stand, which is of course is a necessary supply needed during the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Greet patient, ensure appropriate medical records are available. Review of pertinent test results. Obtain vital signs. Provide pre-service education on treatment requirements, risks and scheduling /obtain consent. Prepare room, equipment, supplies. Patient is gowned and positioned. Photograph lesions and treatment area for documentation. Sterilize the site for biopsy. Assist physician with injection of local anesthetic to selected lesions.

CPT Code: 11104

Specialty Society('s) American Academy of Dermatology

Intra-Service Clinical Labor Activities:

Assist the physician in performing the procedure. Assist in passing gauze and instruments to physician. Apply dressing.

Post-Service Clinical Labor Activities:

Check dressings and operative areas. Communicate with patient and family on post-procedural care and ensure understanding of prescriptions. Schedule follow up. Complete diagnostic forms. Clean room.

CPT Code: 11105

Specialty Society('s) American Academy of Dermatology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Punch biopsy of skin, (including simple closure when performed), each separate/additional lesion

Global Period: ZZZ Meeting Date: 04/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 11101) as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending more minutes than PE subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The current staff times and some supplies and equipment are out dated. For instance, the reference code contains no preservice time, including no time is allocated for anesthesia. However, preservice time is obviously needed in this procedure as anesthesia is part and parcel of the procedure. An example of supplies: the current code does not contain safety enhanced supplies, such as OSHA complaint syringes or eye protection to name but a few. An example of equipment is that the reference code has no mayo stand, which is of course is a necessary supply needed during the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Assist in positioning the patient. Sterilize the site for biopsy. Assist physician with injection of local anesthetic to selected lesions.

Intra-Service Clinical Labor Activities:

Assist the physician in performing the procedure. Assist in passing gauze and instruments to physician. Apply dressing.

Post-Service Clinical Labor Activities:

Check dressing and give site specific instructions.

CPT Code: 11106

Specialty Society('s) American Academy of Dermatology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single lesion

Global Period: 000 Meeting Date: 04/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 11100) as a reference.

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4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

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5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Greet patient, ensure appropriate medical records are available. Review of pertinent test results. Obtain vital signs. Provide pre-service education on treatment requirements, risks and scheduling /obtain consent. Prepare room, equipment, supplies. Patient is gowned and positioned. Photograph lesions and treatment area for documentation. Sterilize the site for biopsy. Assist physician with injection of local anesthetic to selected lesions.

CPT Code: 11106

Specialty Society('s) American Academy of Dermatology

Intra-Service Clinical Labor Activities:

Assist the physician in performing the procedure. Assist in passing gauze and instruments to physician. Apply dressing.

Post-Service Clinical Labor Activities:

Check dressings and operative areas. Communicate with patient and family on post-procedural care and ensure understanding of prescriptions. Schedule follow up. Complete diagnostic forms. Clean room.

CPT Code: 11107

Specialty Society('s) American Academy of Dermatology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Incisional biopsy of skin (eg, wedge), (including simple closure when performed), each separate/additional lesion

Global Period: ZZZ Meeting Date: 04/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 11101) as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending more minutes than PE subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The current staff times and some supplies and equipment are out dated. For instance, the reference code contains no preservice time, including no time is allocated for anesthesia. However, preservice time is obviously needed in this procedure as anesthesia is part and parcel of the procedure. An example of supplies: the current code does not contain safety enhanced supplies, such as OSHA complaint syringes or eye protection to name but a few. An example of equipment is that the reference code has no mayo stand, which is of course is a necessary supply needed during the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Assist in positioning the patient. Sterilize the site for biopsy. Assist physician with injection of local anesthetic to selected lesions.

Intra-Service Clinical Labor Activities:

Assist the physician in performing the procedure. Assist in passing gauze and instruments to physician. Apply dressing.

Post-Service Clinical Labor Activities:

Check dressing and give site specific instructions.

	A	B	D	E	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**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***			**11100**		**11101**		**11102**		**11103**		**11104**		**11105**		**11106**		**11107**	
3		***RUC Collaboration Website***			Biopsy of skin, subcutaneous tissue and/or mucous membrane		Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple		Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single		Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each		Punch biopsy of skin, (including simple closure when performed),		Punch biopsy of skin, (including simple closure when performed),		Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single		Incisional biopsy of skin (eg, wedge), (including simple closure when	
4	**Clinical Activity Code**	**Meeting Date: 04/2017 Tab: 5 Specialty: Dermatology**	**Clinical Staff Type Code**	**Clinical Staff Type**																
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**			**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**46.0**	**0.0**	**20.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF 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**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**43.0**	**0.0**	**20.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**	**3.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**																		
12		**Start: Following visit when decision for surgery or procedure ma**																		
13	CA001	Complete pre-service diagnostic and	L037D	RN/LPN/MTA																
14	CA002	Coordinate pre-surgery services	L037D	RN/LPN/MTA																
15	CA003	Schedule space and equipment in	L037D	RN/LPN/MTA																
16	CA004	Provide pre-service education/obtain	L037D	RN/LPN/MTA																
17	CA005	Complete pre-procedure phone calls	L037D	RN/LPN/MTA																
18	CA006	Confirm availability of prior	L037D	RN/LPN/MTA																
19	CA007	Review patient clinical extant	L037D	RN/LPN/MTA																
20	CA008	Perform regulatory mandated quality	L037D	RN/LPN/MTA																
27		**End: When patient enters office/facility for surgery/procedure**																		
28		**SERVICE PERIOD**																		
29		**Start: When patient enters office/facility for surgery/procedure:**																		
30		**Pre-Service (of service period)**																		
31	CA009	Greet patient, provide gowning,	L037D	RN/LPN/MTA	2				0				0				3			
32	CA010	Obtain vital signs	L037D	RN/LPN/MTA	1								0				3			
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	1															
34	CA012	Review requisition, assess for	L037D	RN/LPN/MTA																
35	CA013	Prepare room, equipment and	L037D	RN/LPN/MTA	2				2				2				2			
36	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA																
37	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA																
38	CA016	Prepare, set-up and start IV, initial	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2	
39	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA					2		2		2		2		2		2	
46		**Intra-service (of service period)**																		
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA					0		0		10		10		15		15	
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA	8		8		4		4									
49	CA020	Assist physician or other qualified	L037D	RN/LPN/MTA																
50	CA021	Perform procedure/service---NOT	L037D	RN/LPN/MTA																

	A	B	D	E	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**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***			**11100**		**11101**		**11102**		**11103**		**11104**		**11105**		**11106**		**11107**	
3		***RUC Collaboration Website***			Biopsy of skin, subcutaneous tissue and/or mucous membrane		Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple		Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single		Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each		Punch biopsy of skin, (including simple closure when performed),		Punch biopsy of skin, (including simple closure when performed),		Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single		Incisional biopsy of skin (eg, wedge), (including simple closure when	
4	**Clinical Activity Code**	**Meeting Date: 04/2017 Tab: 5 Specialty: Dermatology**	**Clinical Staff Type Code**	**Clinical Staff Type**																
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**			**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**46.0**	**0.0**	**20.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF 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**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**43.0**	**0.0**	**20.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**	**3.0**	**0.0**	**0.0**	**0.0**
57		**Post-Service (of service period)**																		
58	CA022	Monitor patient following	L037D	RN/LPN/MTA																
59	CA023	Monitor patient following	L037D	RN/LPN/MTA																
60	CA024	Clean room/equipment by clinical	L037D	RN/LPN/MTA	3				0				0				3			
61	CA025	Clean scope	L037D	RN/LPN/MTA																
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA					10				10				10			
63	CA027	Complete post-procedure diagnostic	L037D	RN/LPN/MTA																
64	CA028	Review/read post-procedure x-ray,	L037D	RN/LPN/MTA																
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	5		2		1		1		1		1		1		1	
66	CA030	Technologist QC's images in PACS,	L037D	RN/LPN/MTA																
67	CA031	Review examination with interpreting	L037D	RN/LPN/MTA																
68	CA032	Scan exam documents into PACS.	L037D	RN/LPN/MTA																
69	CA033	Perform regulatory mandated quality	L037D	RN/LPN/MTA																
70	CA034	Document procedure (nonPACS)	L037D	RN/LPN/MTA																
71	CA035	Review home care instructions,	L037D	RN/LPN/MTA					2				2				2			
72	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
79		**End: Patient leaves office**																		
80		**POST-SERVICE PERIOD**																		
81		**Start: Patient leaves office/facility**																		
82	CA037	Conduct patient communications	L037D	RN/LPN/MTA					0				0				3			
83	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA																
84		***Office visits: List Number and Level***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
85		99211 16 minutes	16																	
86		99212 27 minutes	27																	
87		99213 36 minutes	36																	
88		99214 53 minutes	53																	
89		99215 63 minutes	63																	
90	CA039	Post-operative visits (total 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**	**0.0**	**0.0**	**0.0**	**0.0**
97		**End: with last office visit before end**																		

	A	B	D	E	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**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***			**11100**		**11101**		**11102**		**11103**		**11104**		**11105**		**11106**		**11107**	
3		***RUC Collaboration Website***			Biopsy of skin, subcutaneous tissue and/or mucous membrane		Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple		Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single		Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each		Punch biopsy of skin, (including simple closure when performed),		Punch biopsy of skin, (including simple closure when performed),		Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single		Incisional biopsy of skin (eg, wedge), (including simple closure when	
4	**Clinical Activity Code**	**Meeting Date: 04/2017 Tab: 5 Specialty: Dermatology**	**Clinical Staff Type Code**	**Clinical Staff Type**																
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**			**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**46.0**	**0.0**	**20.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF 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**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**43.0**	**0.0**	**20.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**	**3.0**	**0.0**	**0.0**	**0.0**
98	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																
99	SA031	kit, suture removal	1.054	kit	1				0				1		0		1		0	
100	SA043	pack, cleaning, surgical instruments	5.339	pack					1		0		1		0		1		0	
101	SA048	pack, minimum multi-specialty visit	1.143	pack	1				0				0		0		1		0	
102	SA069	tray, suturing	8.993	pack	1				0				0		0		0		0	
103	SB001	cap, surgical	0.209	item					2		0		2		0		2		0	
104	SB011	drape, sterile, fenestrated 16in x 29in	0.557	item					1		1		1		1		1		1	
105	SB012	drape, sterile, for Mayo stand	1.688	item					1		0		1				1			
106	SB016	drape-cover, sterile, OR light handle	1.059	item					1		0		1		0		1		0	
107	SB024	gloves, sterile	0.84	pair	2				2		2		2		2		2		2	
108	SB027	gown, staff, impervious	1.186	item	2				2		0		2		0		2		0	
109	SB033	mask, surgical	0.196	item	2				0		0		0		0		0		0	
110	SB034	mask, surgical, with face shield	1.199	item					2		0		2		0		2		0	
111	SC046	punch, biopsy	1.888	item									1		1					
112	SC058	syringe w-needle, OSHA compliant	0.435	item					1		1		1		1		2		2	
113	SC064	syringe-needle 3ml 22-26g	0.16	item	1		1		0		0		0		0		0		0	
114	SC080	needle, OSHA compliant (SafetyGlide)	0.454	item					1		1		1		1		2		2	
115	SD269	Grounding pad	2.76	item					0		0		1		0		1		0	
116	SF016	cautery, monopolar, electrode tip	0.419	item	1				0		0		0		0		0		0	
117	SF020	cautery, monopolar, pencil-handpiece	4.638	item					0		0		1		0		1		0	
118	SF033	scalpel with blade, surgical (#10-20)	0.694	item	1				0		0		0		0		0		0	
119	SF036	suture, nylon, 3-0 to 6-0, c	2.401	item	1				0		0		1		1		1		1	
120	SF040	suture, vicryl, 3-0 to 6-0, p, ps	7.852	item	1				0		0		1		1		1		1	
121	SF047	scalpel, safety, surgical, with blade	2.143	item					1		1						1		1	
122	SG033	dressing, 12-7mm (Gelfoam)	10.154	item					1		1									
123	SG035	dressing, 3in x 4in (Telfa, Release)	0.144	item	1	1			1		1		1		1		1		1	
124	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item	1				1		1		1		1		1		1	
125	SG079	tape, surgical paper 1in (Micropore)	0.002	inch	12				6		6		6		6		12		12	
126	SH046	lidocaine 1% w-epi inj (Xylocaine w-	0.064	ml	5		5		2		2		3		3		5		5	
127	SH090	sodium bicarbonate 8.4% inj w-needle	2.2	item					1		0		1		0		1		0	
128	SJ007	bacitracin oint (0.9gm uou)	0.091	item	1		1		1		1		1		1		2		2	
129	SJ028	hydrogen peroxide	0.003	ml	20		10		20		20		20		20		20		20	
130	SJ041	povidone soln (Betadine)	0.008	ml	10		5		0		0		0		0		0		0	
131	SJ053	swab-pad, alcohol	0.013	item	1		1		1		1		1		1		1		1	
132	SJ081	swab, patient prep, 1.5 ml	1.04	item					1		1		1		1		1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)	1.048	item					1		0		1		0		1		0	
140																				
141																				
142	**Equipment**	**EQUIPMENT**	**PRICE**	**EQUIPMENT**																
143	EF015	mayo stand	530.76	Non-highly	24				13		9		19		15		33		20	
144	EF031	table, power	6153.63	Non-highly	24		12		13		9		19		15		33		20	

	A	B	D	E	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
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4	**Clinical Activity Code**	**Meeting Date: 04/2017 Tab: 5 Specialty: Dermatology**	**Clinical Staff Type Code**	**Clinical Staff Type**																
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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**46.0**	**0.0**	**20.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF 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**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**24.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**	**9.0**	**0.0**	**29.0**	**0.0**	**15.0**	**0.0**	**43.0**	**0.0**	**20.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**	**3.0**	**0.0**	**0.0**	**0.0**
145	EQ110	electrocautery-hyfrecator, up to 45	975.08	Non-highly	24								0				0		0	
146	EQ114	electrosurgical generator, up to 120	1838.42	Non-highly					0		0		19		15		33		20	
147	EQ137	instrument pack, basic ($500-$1499)	500	Non-highly					20		8		26		14		37		19	
148	EQ168	light, exam	1630.12	Non-highly			12		13		9		19		15		33		20	
149	EQ351	Smoke Evacuator(tubing, covering,	1130	Non-highly					0		0		19		15		33		20	

cut and paste to spreadsheet from column A only

	Activity	Type of Activity	Standards/Guidelines
CA001	Complete pre-service diagnostic and referral forms	General Activity	*See Instructions for extensive/minimal use
CA002	Coordinate pre-surgery services (including test results)	General Activity	*See Instructions for extensive/minimal use
CA003	Schedule space and equipment in facility	General Activity	*See Instructions for extensive/minimal use
CA004	Provide pre-service education/obtain consent	General Activity	*See Instructions for extensive/minimal use
CA005	Complete pre-procedure phone calls and prescription	General Activity	*See Instructions for extensive/minimal use
CA006	Confirm availability of prior images/studies	General Activity	For use in imaging services.
CA007	Review patient clinical extant information and questionnaire	General Activity	For use in imaging services.
CA008	Perform regulatory mandated quality assurance activity (pre-service)	General Activity	Rationale must be included on PE SOR.
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	General Activity	Standard time for this activity is 3 minutes.
CA010	Obtain vital signs	General Activity	Level 0 (no vital signs taken) = 0 minutes
CA011	Provide education/obtain consent	General Activity	Include only the additional education/consent activities not ir
CA012	Review requisition, assess for special needs	General Activity	Rationale must be included on PE SOR.
CA013	Prepare room, equipment and supplies	General Activity	2 minute standard
CA014	Confirm order, protocol exam	General Activity	For use in imaging services.
CA015	Setup scope (nonfacility setting only)	General Activity	5 minutes standard for scope set up in the non facility settin
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	General Activity	2 minute standard
CA017	Sedate/apply anesthesia	General Activity	2 minute standard RN/LPN/MA
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	General Activity	This is NOT standard
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	General Activity	This is NOT standard
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	General Activity	Percentage must be included on PE SOR
CA021	Perform procedure/service---NOT directly related to physician work time	General Activity	This is NOT standard
CA022	Monitor patient following procedure/service, multitasking 1:4	General Activity	For monitoring following procedure, the standard is 15 minu
CA023	Monitor patient following procedure/service, no multitasking	General Activity	This is NOT standard. Rationale must be included on PE SC
CA024	Clean room/equipment by clinical staff	General Activity	3 minute standard
CA025	Clean scope	General Activity	--5 minutes for a disposable scope,
CA026	Clean surgical instrument package	General Activity	*Must have instrument package included in
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	General Activity	This is NOT standard. Rationale must be included on PE SC
CA028	Review/read post-procedure x-ray, lab and pathology reports	General Activity	This is NOT standard. Rationale must be included on PE SC
CA029	Check dressings, catheters, wounds	General Activity	Standard time for this activity is 1 minute.
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	General Activity	This is NOT standard. Baseline time for this activity is 2 min
CA031	Review examination with interpreting MD/DO	General Activity	Standard time for this activity is 2 minute. For use in imagin
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	General Activity	Standard time for this activity is 1 minute. For use in imagin
CA033	Perform regulatory mandated quality assurance activity (service period)	General Activity	This is NOT standard. Rationale must be included on PE S
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	General Activity	This is NOT standard. Rationale must be included on PE S
CA035	Review home care instructions, coordinate visits/prescriptions	General Activity	For non-facility (office) setting use this activity
CA036	Discharge day management	General Activity	min)
CA037	Conduct patient communications	General Activity	increments
CA038	Coordinate post-procedure services	General Activity	This is NOT standard. Rationale must be included on PE SC
CA039	Post-operative visits (total time)	General Activity	
CA040	Perform additional positioning of patient	General Activity	
PA001	Accession and enter information	Pathology Activity	
PA002	Acquire image(s) and print	Pathology Activity	
PA003	Assist pathologist	Pathology Activity	
PA004	Cleaning	Pathology Activity	
PA005	Disengage instrument(s)	Pathology Activity	
PA006	Engage instrument(s)	Pathology Activity	
PA007	Examine and screen	Pathology Activity	
PA008	File specimen, supplies, and other materials	Pathology Activity	
PA009	Manage pre-evaluation activities	Pathology Activity	
PA010	Prepare and analyze specimen	Pathology Activity	
PA011	Prepare slides	Pathology Activity	

PA012	Prepare supplies	Pathology Activity
PA013	Record results	Pathology Activity

2017 CMS Direct PE Inputs Clinical Staff Types

cut and paste to spreadsheet from column A only

CMS Code	STAFF Type	Rate Per Minute
L041A	Angio Technician	0.41
L052A	Audiologist	0.52
L057B	Behavioral Health Care Manager	0.57
L050A	Cardiac Sonographer	0.5
L038B	Cardiovascular Technician	0.38
L039A	Certified Retinal Angio	0.39
L037E	Child Life Specialist	0.37
L038A	COMT/COT/RN/CST	0.38
L045C	CORF socialworker/psychologist	0.45
L046A	CT Technologist	0.46
L045A	Cytotechnologist	0.45
L050B	Diagnostic Medical Sonographer	0.5
L032B	EEG Technician	0.32
L037A	Electrodiagnostic Technologist	0.37
L045B	Electron Microscopy Technologist	0.45
L057A	Genetics Counselor	0.567
L037B	Histotechnologist	0.37
L035A	Lab Tech/Histotechnologist	0.35
L030A	Lab Tech/MTA	0.3
L033A	Lab Technician	0.33
L043A	Mammography Technologist	0.43
L063A	Medical Dosimetrist	0.63
L107A	Medical Dosimetrist/Medical Physicist	1.075
L038C	Medical Photographer	0.383
L152A	Medical Physicist	1.523
L026A	Medical/Technical Assistant	0.26
L047A	MRI Technologist	0.47
L049A	Nuclear Medicine Technologist	0.615
L033B	Optician/COMT	0.33
L037C	Orthoptist	0.37
L023A	Physical Therapy Aide	0.23
L039B	Physical Therapy Assistant	0.39
L039C	Psychometrist	0.394
L050C	Radiation Therapist	0.5
L041B	Radiologic Technologist	0.41
L047B	REEGT	0.47
L042B	Respiratory Therapist	0.42
L051A	RN	0.51
L051C	RN/CORF	0.51
L051B	RN/Diagnostic Medical Sonographer	0.51
L042A	RN/LPN	0.42
L037D	RN/LPN/MTA	0.37
L056A	RN/OCN	0.79
L047D	RN/Registered Dietician	0.47
L047C	RN/Respiratory Therapist	0.47
L053A	RN/Speech Pathologist	0.53
L050D	Second Radiation Therapist for IMRT	0.5

L041C	Second Radiologic Technologist for Vertebroplasty	0.41
L055A	Speech Pathologist	0.55
L054A	Vascular Technologist	0.54

2017 CMS Direct PE Inputs Medical Supplies Listing

CMS Code	*cut and paste to spreadsheet from column A only* Supply Description	Unit
SA001	kit, activity-crafts	kit
SA002	kit, ambulatory Holter	kit
SA003	kit, arterial blood gas (ABG)	kit
SA004	kit, barium with insufflator	kit
SA005	kit, capsule endoscopy w-application supplies (M2A)	kit
SA006	kit, catheter, suprapubic	kit
SA007	kit, cooking activity ingredients (mac-cheese)	kit
SA009	kit, CVA catheter, non-tunneled	kit
SA010	kit, CVA catheter, tunneled, without port-pump	kit
SA011	kit, CVA catheter, tunneled, with subcut port	kit
SA012	kit, CVA device repair	kit
SA014	kit, electrode, iontophoresis	kit
SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit
SA016	kit, guidewire introducer (Micro-Stick)	kit
SA018	kit, interactive materials for behavioral assessment	kit
SA019	kit, iv starter	kit
SA020	kit, loop snare (Microvena)	kit
SA022	kit, percutaneous neuro test stimulation	kit
SA023	kit, phenol applicator	kit
SA024	kit, photopheresis procedure	kit
SA025	kit, PICC with subcut port	kit
SA026	kit, radiofrequency introducer	kit
SA027	kit, scissors and clamp	kit
SA028	kit, sensory integration	kit
SA029	kit, sharp debridement	kit
SA030	kit, staple removal	kit
SA031	kit, suture removal	kit
SA032	kit, tangible reinforcement-reward for children	kit
SA033	kit, therapeutic toys-games	kit
SA034	kit, therapeutic toys-games (50% of the time)	kit
SA035	kit, tracheostomy care	kit
SA036	kit, transurethral microwave thermotherapy	kit
SA037	kit, transurethral needle ablation (TUNA)	kit
SA039	kit, vertebroplasty (LP2, CDO)	kit
SA040	kit, woodworking	kit
SA041	pack, basic injection	pack
SA042	pack, cleaning and disinfecting, endoscope	pack
SA043	pack, cleaning, surgical instruments	pack
SA044	pack, moderate sedation	pack
SA045	pack, drapes, cystoscopy	pack
SA046	pack, drapes, laparotomy (chest-abdomen)	pack
SA047	pack, EM visit	pack
SA048	pack, minimum multi-specialty visit	pack
SA049	pack, ocular photodynamic therapy	pack
SA050	pack, ophthalmology visit (no dilation)	pack
SA051	pack, pelvic exam	pack
SA052	pack, post-op incision care (staple)	pack

SA053	pack, post-op incision care (suture & staple)	pack
SA054	pack, post-op incision care (suture)	pack
SA055	pack, post-op incision care, craniotomy	pack
SA056	pack, post-op incision care, neurosurgical	pack
SA057	pack, shower protection for insulin pump	pack
SA058	pack, urology cystoscopy visit	pack
SA059	tray, amniocentesis	tray
SA060	tray, arthrogram	tray
SA061	tray, biopsy procedure	tray
SA062	tray, bone marrow biopsy-aspiration	tray
SA063	tray, catheter insertion (w-o catheter)	tray
SA064	tray, epidural	tray
SA065	tray, lumbar puncture	tray
SA066	tray, myelogram	tray
SA067	tray, shave prep	tray
SA068	tray, spinal anesthesia	tray
SA069	tray, suturing	tray
SA070	tray, thoracentesis	tray
SA071	kit, AccuStick II Introducer System with RO Marker	kit
SA072	kit, apheresis treatment	kit
SA073	kit, barium enema	kit
SA074	kit, endovascular laser treatment	kit
SA075	kit, hysteroscopic tubal implant for sterilization	kit
SA076	kit, refill for implantable medication pump	item
SA077	kit, pleural catheter insertion	kit
SA078	kit, slit catheter (for compartment pressure monitor)	kit
SA080	pack, drapes, ortho, large	pack
SA081	pack, drapes, ortho, small	pack
SA082	pack, ophthalmology visit (w-dilation)	pack
SA083	pack, protective, ortho, large	pack
SA084	pack, protective, ortho, small	pack
SA085	tray, central line dressing change	tray
SA086	tray, circumcision	tray
SA087	tray, RTS applicator (MammoSite)	item
SA088	tray, surgical skin prep, sterile	tray
SA089	kit, boston original system	kit
SA090	kit, moulage (implantech)	kit
SA091	tray, scoop, fast track system	tray
SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	kit
SA095	kit, gastrostomy, low profile device (Mic-Key)	item
SA096	kit, introducer, radiofrequency, XIi-enhanced RF probe	kit
SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	kit
SA098	kit, nebulizer, w-tubing and aerosole mask (Hope)	kit
SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit
SA100	kit, probe, radiofrequency, XIi-enhanced RF probe	kit
SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	kit
SA102	kit, tubing, use w-automated insufflation, CT colonography	kit
SA103	stent, vascular, deployment system, Cordis SMART	kit
SA104	ThinPrep UroCyte Urine Collection Kit	kit
SA105	UroVysion test kit	item
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit
SA108	kit, tissue expansion	kit
SA110	Congo Red kits	test

SA111	Kyphoplasty kit, first fracture	kit
SA112	Kyphoplasty kit, additional fracture	kit
SA113	Kit, thoracentesis	kit
SA114	Kit, Contrast Imaging	kit
SA115	hemorrhoidal banding system	
SA116	continuous peripheral nerve block tray	
SA117	Universal Detection Kit	kit
SA119	kit, low frequency ultrasound wound therapy (MIST)	
SA120	intrastromal corneal ring	pair
SA121	Imaging Tray	item
SA122	Claravein Kit	
SA123	Hysteroscopic fluid management tubing kit	
SB001	cap, surgical	item
SB003	cover, probe (cryosurgery)	item
SB004	cover, thermometer probe	item
SB005	cover-condom, transducer or ultrasound probe	item
SB006	drape, non-sterile, sheet 40in x 60in	item
SB007	drape, sterile barrier 16in x 29in	item
SB008	drape, sterile, c-arm, fluoro	item
SB009	drape, sterile, femoral	item
SB010	drape, sterile, fenestrated 16in x 16in (eye)	item
SB011	drape, sterile, fenestrated 16in x 29in	item
SB012	drape, sterile, for Mayo stand	item
SB013	drape, sterile, hand-upper extremity	item
SB014	drape, sterile, three-quarter sheet	item
SB015	drape, sterile, u-shape	item
SB016	drape-cover, sterile, OR light handle	item
SB017	drape-sleeve, sterile (4in x 8ft)	item
SB018	drape-sleeve, sterile, for handpiece	item
SB019	drape-towel, sterile 18in x 26in	item
SB020	drape-towel, sterile OR blue (2 pk uou)	item
SB021	gloves, cotton	pair
SB022	gloves, non-sterile	pair
SB023	gloves, non-sterile, nitrile	pair
SB024	gloves, sterile	pair
SB026	gown, patient	item
SB027	gown, staff, impervious	item
SB028	gown, surgical, sterile	item
SB029	cap-headcover, patient	item
SB030	lab coat, staff	item
SB031	lap sponge, sterile, 18inx18in (5 pack uou)	item
SB032	liner, baby scale	item
SB033	mask, surgical	item
SB034	mask, surgical, with face shield	item
SB035	paper, chinrest	item
SB036	paper, exam table	foot
SB037	pillow case	item
SB038	safety glasses	item
SB039	shoe covers, surgical	pair
SB040	slippers, paper	pair
SB041	swimsuit, female for hydrotherapy	item
SB042	towel, non-sterile	item
SB043	towel, professional 13in x 18in	item

SB044	underpad 2ft x 3ft (Chux)	item
SB045	drape, sterile, incise, ophthalmic	item
SB046	drape, sterile, split-sheet	item
SB048	sheath-cover, sterile, 96in x 6in (transducer)	item
SB049	condom, Diapulse, Asepticap	item
SB050	bolster covers, disposable	item
SB051	Disposable underwear	item
SB053	Gold Fiducial Marker	item
SC001	angiocatheter 14g-24g	item
SC002	angiocatheter set	item
SC003	arm board	item
SC004	blood collection bag	item
SC006	blood collection tube (Vacutainer)	item
SC008	catheter, angiographic, pig-tail	item
SC010	closed flush system, angiography	item
SC012	heparin lock	item
SC013	infusion pump cassette-reservoir	item
SC014	Interlink adaptor	item
SC015	Interlink vial access	item
SC018	iv infusion set	item
SC019	iv tubing (extension)	foot
SC021	lancet	item
SC022	Mammotome probe guide	item
SC023	multi-tine device	item
SC025	needle, 14-20g, biopsy	item
SC026	needle, 15-16g	item
SC027	needle, 18-19g, filter	item
SC028	needle, 18-26g 1.5-3.5in, spinal	item
SC029	needle, 18-27g	item
SC030	needle, 19-25g, butterfly	item
SC031	needle, 30g	item
SC032	needle, biopsy for breast-prostate core sample	item
SC033	needle, biopsy, spring-loaded	item
SC034	needle, blunt tip	item
SC035	needle, Chiba	item
SC037	needle, dental	item
SC038	needle, epidural (RK)	item
SC039	needle, Huber point	item
SC040	needle, Kopan	item
SC041	needle, arterial (Seldinger)	item
SC042	needle, spine, Sprotte	item
SC043	needle, transbronchial, cytology (Wang)	item
SC044	needle, variceal injection	item
SC045	needle-wire for localization	item
SC046	punch, biopsy	item
SC047	sialography infusion unit	item
SC048	spinal manometer	item
SC049	stop cock, 3-way	item
SC050	stop cock, 4-way	item
SC051	syringe 10-12ml	item
SC052	syringe 1ml	item
SC053	syringe 20ml	item
SC054	syringe 30 ml	item

SC055	syringe 3ml	item
SC056	syringe 50-60ml	item
SC057	syringe 5-6ml	item
SC058	syringe w-needle, OSHA compliant (SafetyGlide)	item
SC059	syringe, 25ml (MRI power injector)	item
SC060	syringe, pressure (radiology)	item
SC062	syringe, Toomey	item
SC063	syringe-needle 10ml 26g	item
SC064	syringe-needle 3ml 22-26g	item
SC065	adapter, luer lock	item
SC066	adapter, spike (for syringe)	item
SC067	blood collection tube holder	item
SC068	blood collection tube needle	item
SC070	catheter, hyperthermia, closed-end	item
SC071	catheter, hyperthermia, open-end	item
SC073	implant catheter, button-end, single leader	item
SC074	iv pressure infusor bag	item
SC075	needle, acupuncture	item
SC076	needle, arterial, percutaneous	item
SC077	needle, bone biopsy	item
SC078	needle, flexi, hyperthermia	item
SC079	needle, micropigmentation (tattoo)	item
SC080	needle, OSHA compliant (SafetyGlide)	item
SC081	needle, retrobulbar (Atkinson)	item
SC082	syringe 12ml, coronary control	item
SC083	tubing set (Liposorber)	item
SC084	tubing set, blood warmer	item
SC085	tubing set, plasma exchange	item
SC086	tubing set, plasma transfer	item
SC087	tubing set, Y-type blood recipient	item
SC088	fistula needle, dialysis, 17g	item
SC089	needle, Vacutainer	item
SC090	tube, gastrostomy	item
SC091	Vacutainer	item
SC092	catheter, needle (for CPT 31626)	item
SC093	IV infusion set, Sof-set (Minimed)	item
SC094	Syringe, 35 ml, Monoject, Plastic	item
SC095	syringe filter	item
SC096	Quick Cross Catheter (Sprectranetics, documentation available)	item
SC097	Peritoneal Dialysis Catheter	item
SC098	catheter, angiographic, Berman	item
SC099	needle, cystoscope	item
SC100	bifurcated needle or stylet	item
SC101	ultrasound needle	
SC102	EBUS, single use aspiration needle, 21g	
SC103	catheter, RF ablation, endoscopic	
SC104	suture, nylon, 10-0	item
SD003	anoscope	item
SD005	biopsy sponge (Histo-Prep)	item
SD006	bite block	item
SD008	brush, ureteral	item
SD009	canister, suction	item
SD010	canister, vacuum	item

SD011	cannula (radiofrequency denervation) (SMK-C10)	item
SD012	catheter adapter	item
SD014	catheter stylet	item
SD015	catheter tip adapter	item
SD016	catheter, balloon, esophageal (pressure monitoring)	item
SD017	catheter, balloon, rectal pressure	item
SD018	catheter, balloon, thermal ablation (Thermachoice)	tray
SD019	catheter, balloon, ureteral-GI (strictures)	item
SD020	catheter, CVA, tunneled, dual (Tesio)	item
SD021	catheter, CVA, non-tunneled	item
SD022	catheter, CVA, peripheral, without port-pump	item
SD023	catheter, enteroclysis	item
SD024	catheter, Foley	item
SD025	catheter, intrauterine insemination	item
SD026	catheter, Pezzar (mushroom)	item
SD027	catheter, pressure, urodynamic	item
SD028	catheter, Racz (Tun-L-Kath)	item
SD029	catheter, red rubber	item
SD030	catheter, straight	item
SD031	catheter, suction	item
SD033	catheter, ureteral, open-ended	item
SD034	catheter, ureteral, Stamey open-tip	item
SD037	clip, tissue marker	item
SD039	curette, suction, endometrial (Pipelle)	item
SD040	cytology, brush	item
SD042	dilator, ductal, galactography	item
SD043	dilator, vessel, angiographic	item
SD044	ear tip, earphone	item
SD045	ear tip, immittance	item
SD046	ear tip, tympanometry probe	item
SD047	eartip insert with sound tube	item
SD048	electrode alligator clip, pair	pair
SD049	electrode needle, concentric EMG w-lead	item
SD050	electrode needle, injectable (Myoject)	item
SD051	electrode needle, monopolar EMG w-lead	item
SD052	electrode, bar-style (single)	item
SD053	electrode, ECG (single)	item
SD054	electrode, EEG, tin cup (12 pack uou)	item
SD055	electrode, electrical stimulation	item
SD056	electrode, EMG sponge	item
SD057	electrode, external pelvic muscle	item
SD058	electrode, grid	item
SD059	electrode, ground	item
SD060	electrode, internal for pH	item
SD061	electrode, sphenoidal	item
SD062	electrode, surface	item
SD063	electrode, TENS-EMS, 2in x 2in (4 pack uou)	item
SD066	endoscopic biopsy forceps	item
SD067	endoscopic cytology brush	item
SD068	endoscopic polypectomy snare	item
SD070	endosheath	item
SD071	epistaxis balloon	item
SD072	eyelid weight implant, gold	item

SD074	filiform	item
SD075	filter, pulmonary function filter	item
SD077	gas, air	cu ft
SD079	gas, helium	cu ft
SD080	gas, intraocular C3F8 (ISPAN) (per dose)	item
SD082	gas, liquid nitrogen	ml
SD083	gas, nitrous oxide	liter
SD084	gas, oxygen	liter
SD085	gas, test mixture	liter
SD086	grids	item
SD087	guide, needle, for localization	item
SD088	guidewire	item
SD089	guidewire, hydrophilic	item
SD090	guidewire, STIFF	item
SD093	HEPA filter	item
SD094	Mammotome probe	item
SD096	markers, radiographic, multi-modality	item
SD097	monofilament, sensory testing	item
SD099	mouthpiece, respiratory	item
SD100	nasal cannula	item
SD101	nebulizer mouthpiece with tubing	item
SD102	noseclips	item
SD103	occluder, clip-on	item
SD104	oximetry sensor wrap	item
SD105	oxygen mask (1) and tubing (7ft)	item
SD106	pad, cardioversion R2 (2 pack)	item
SD107	peg, for prosthetic ocular implant	item
SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item
SD110	reservoir, drain (Jackson-Pratt)	item
SD111	respiratory monitoring belt	item
SD112	sensor, airflow cannula (adult)	item
SD113	sensor, EMG, vaginal-rectal	item
SD114	sensor, glucose monitoring (interstitial)	item
SD115	sensor, microvolt (Micro-V)	item
SD116	sensors, bioimpendance (4 pack uou)	item
SD117	sigmoidoscope	item
SD118	specula, vaginal	item
SD121	suction specimen trap, sterile	item
SD122	suction tip, Yankauer	item
SD123	tourniquet, ankle, sterile	item
SD124	tourniquet, non-latex 1in x 18in	item
SD125	transducer dome (pressure)	item
SD127	tube, suction NG (Salem sump)	item
SD128	tubing, for pump head	item
SD129	tubing, irrigation (cysto)	item
SD130	tubing, latex	foot
SD131	tubing, pressure	item
SD132	tubing, suction, non-latex (6ft uou)	item
SD133	tubing, suction, non-latex (6ft) with Poole tip (1)	item
SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	item
SD135	tubing, vacuum (for Mammotome device)	item
SD136	vascular sheath	item
SD140	bag system, 1000ml (for angiography waste fluids)	item

SD141	brush, protected airway specimen	item
SD142	bur, surgical, sterile (drill)	item
SD144	canister, vacuum, pleural (w-drainage line)	item
SD145	cannula, anterior chamber, 18-27g	item
SD146	catheter percutaneous fastener (Percu-Stay)	item
SD147	catheter, (Glide)	item
SD148	catheter, (SIM2F1)	item
SD149	catheter, balloon inflation device	item
SD150	catheter, balloon ureteral (Dowd)	item
SD151	catheter, balloon, low profile PTA	item
SD152	catheter, balloon, PTA	item
SD153	catheter, curved	item
SD154	catheter, microcatheter (selective 3rd order)	item
SD155	catheter, RF endovenous occlusion	item
SD156	catheter, Swan Ganz	item
SD157	catheter, ureteral, acorn tip	item
SD158	conformer, sterile, acrylic	item
SD159	container, 2000ml, transfer pack	item
SD160	container, 600ml, transfer pack	item
SD161	drainage catheter, all purpose	item
SD163	drainage pouch, nephrostomy-biliary	item
SD164	electrode, Bugbee	item
SD165	electrode, EEG (single)	item
SD166	electrode, EGG (single)	item
SD167	endoscopic deflecting brush	item
SD169	forceps, Kelly	item
SD170	gas, 5% CO2 - balance air	liter
SD171	guidewire bowl w-lid, sterile	item
SD172	guidewire, cerebral (Bentson)	item
SD173	guidewire, low profile (SpartaCore)	item
SD174	guidewire, steerable (Hi-Torque)	item
SD175	guidewire, steerable (Transcend)	item
SD176	guidewire, torque	item
SD177	hysteroscope, ablation device	item
SD178	kit, bcr/abl DNA Probe	kit
SD179	lacrimal duct stent-tube set	item
SD180	manifold (for angiography)	item
SD182	mask, CPR (RespAide)	item
SD183	nasal tip, olive	item
SD184	nebulizer medication cup	item
SD185	plasma antibody adsorption column (Prosorba)	item
SD186	plasma LDL adsorption column (Liposorber)	item
SD187	plasma leukocyte filter	item
SD188	plasma separator (Liposorber)	item
SD189	plate, surgical, mini-compression, 4 hole	item
SD190	plate, surgical, mini-i, 16mm	item
SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item
SD192	plate, surgical, reconstruction, template, 5 x 16 hole	item
SD193	plate, surgical, rigid comminuted fracture	item
SD194	plate, surgical, rigid comminuted fracture, template	item
SD195	prosthesis, voice button (Blom-Singer)	item
SD196	screw, surgical, auto-drive, 2.0mm x 4mm	item
SD197	screw, surgical, Carroll-Girard, 9cm x 3.75in	item

SD198	screw, surgical, lag, 2.4mm x 26mm	item
SD199	screw, surgical, locking, 2.4mm x 16mm	item
SD200	screw, surgical, self-tapping, 1.5-2.0mm	item
SD201	screw, surgical, standard, 2.4mm x 14mm	item
SD202	screw, surgical, standard, 2.7mm x 12mm	item
SD203	sensor, manometry	item
SD204	sensor, pH capsule (Bravo)	item
SD206	sheath, peel away	item
SD207	suture device for vessel closure (Perclose A-T)	item
SD208	towel clamp, plastic	item
SD209	tracheostomy tube	item
SD210	transducer, pressure monitoring (for angiography)	item
SD211	tubing, pressure injection line (angiography)	item
SD212	tubing, sterile, connecting (fluid administration)	item
SD213	tubing, sterile, non-vented (fluid administration)	item
SD214	tubing, suction, non-latex (2ft) with Frazier tip (1)	item
SD215	probe, endometrial cryoablation (Her Option)	item
SD216	catheter, balloon, esophageal or rectal (graded distention test)	item
SD218	stent, ureteral, without guidewire	item
SD220	catheter, balloon, lacrimal	item
SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item
SD222	catheter, intradiscal (spineCATH)	item
SD223	electrode, array, nerve, preconfigured,	item
SD224	Filter, Foam Plug (10/Pk)	item
SD225	Flutter Valve for Tee-Connector	item
SD226	forceps, sterile, blunt tip, polystyrene	item
SD227	gas, argon	cu ft
SD228	gas, CO2, use w-automated insufflation, CT colonography	liter
SD229	gastrostomy, stoma measuring device (Mic-Key)	item
SD230	impedance catheter, infusion	item
SD231	needle, introducer (spineCATH)	item
SD232	probe, cryoablation (Visica ICE 30 or 40)	item
SD233	probe, cryoablation, renal	item
SD234	QuinGas-3, 150 H2, 75 CH4, 6% CO2, BreathTracker SC Calibration Gas	cc
SD235	sensor, patch, bronchosopy (for kit, locatable guide) (patient)	item
SD236	Single Patient Discard Bag, 400 ml	item
SD237	Sivrite-4	g
SD238	stent, GORE VIATORR TIPS Endoprosthesis	item
SD239	stent, ureteral, w-guidewire, 3cm flexible tip	item
SD240	strut, replacement, dynamic external fixation	item
SD241	Substrate, D-Xylose, 25 gm Packet	item
SD242	Tee-Connector, Plastic	item
SD243	tube, jejunostomy	item
SD244	Water Barriers/Dust Traps (5/Pk)	item
SD245	Renessa probe	item
SD246	urgent PC lead	item
SD247	human amniotic membrane allograft	item
SD248	human amniotic membrane allograft mounted on a non-absorbable self-retaining ring	item
SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	item
SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]	item
SD251	Sheath Shuttle (Cook)	item
SD252	guidewire, Amplatz wire 260 cm	item
SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit

SD254	covered stent (VIABAHN, Gore)	item
SD255	Reentry device (Frontier, Outback, Pioneer)	item
SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item
SD257	Tunneler	item
SD259	Peritoneal Dialysis Sterile Solution (1500 ml)	item
SD260	Y-set connection tubing	item
SD261	B5-2C Double Lumen Balloon 10 mm dia	item
SD262	Insuffalator - Boston Scientific	item
SD263	WatchPAT pneumo-opt slp probes	item
SD265	Imaging compatible electrodes	item
SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item
SD267	IVC filter	item
SD268	IVC retrieval set	kit
SD269	Grounding pad	item
SD271	Rectal probe	item
SD272	SmartPill capsule	item
SD273	Pediatric cannula	item
SD274	Self-adherent velcro wraps	item
SD275	Disposable electrode pack	each
SD276	Indicator powder	item
SD277	polypropelene funnel	item
SD278	Disposable oximeter cable	item
SD279	Fibrillar, surgical	item
SD280	Trial lead kit	item
SD281	Trial lead array	item
SD282	endoscopic clip	item
SD283	needle, endoscopic ultrasound, cytology	item
SD284	cautery, bipolar, probe, endoscopy	item
SD285	catheter, optical endomicroscopy	item
SD286	endoscopic guidewire	item
SD287	endoscopic balloon, dilation	item
SD289	PROXY endoscopic grasping forceps	item
SD290	electrode, BIS (bioimpedance spectroscopy)	
SD291	Urolift Implant and implantation device	
SD292	10g IVAS drill	
SD293	10g cannulae	
SD294	Balloon for Bronchoscopy Fiberscope	
SD298	Shannon cyto funnel, cytospin	item
SD299	stent, balloon, implantable	item
SD304	IVUS catheter	item
SD305	IVUS Catheter Sterile Cover	pack (10
SD306	Nephroureteral Catheter	item
SD307	patient/laser interface (single-use, disposable)	item
SD308	earwash bottle disposable tips	item
SD309	Immunofluorescent mounting media	ml
SD312	Internal/external biliary catheter	Item
SD313	Viabil covered biliary stent	Item
SD314	Radial Jaw	Item
SD315	Stone basket	Item
SD316	Catheter securement device	Item
SD318	Disposable biopsy forceps	item
SD321	Thermoplastic tissue bolus 30X30X0.3cm	item
SF001	arch bar	inch

SF003	blade, dermatome	item
SF004	blade, microtome	item
SF005	blade, single edge	item
SF006	blade, surgical, super	item
SF007	blade, surgical (Bard-Parker)	item
SF008	blade, surgical 64,65,67 (Beaver)	item
SF009	blade, surgical chisel 81-86 (Beaver)	item
SF010	blade, surgical hair clipper	item
SF011	blade, surgical, sterile, power saw	item
SF012	cautery, bipolar cord	item
SF013	cautery, bipolar, pencil-handpiece	item
SF014	cautery, electrode extender	item
SF015	cautery, monopolar, blade, extended shaft	item
SF016	cautery, monopolar, electrode tip	item
SF017	cautery, monopolar, electrode, loop	item
SF018	cautery, monopolar, electrode, needle	item
SF019	cautery, monopolar, electrode, spatula	item
SF020	cautery, monopolar, pencil-handpiece	item
SF021	cautery, patient ground pad w-cord	item
SF022	comedone extractor	item
SF023	curette for ear cerumen	item
SF024	curette, dermal	item
SF025	dental elastics	item
SF026	endoscopic blade, surgical	item
SF028	laser tip (single use)	item
SF029	laser tip, bare (single use)	item
SF030	laser tip, diffuser fiber	item
SF031	loop, surgical (Surg-I-Loop)	item
SF032	rubber bands, sterile for ligation	item
SF033	scalpel with blade, surgical (#10-20)	item
SF034	stapler, surgical	item
SF035	suture, chromic, 2-0 to 5-0	item
SF036	suture, nylon, 3-0 to 6-0, c	item
SF037	suture, nylon, 4-0 to 6-0, p, ps	item
SF038	suture, prolene, 3-0 to 7-0, p, ps, pc	item
SF039	suture, silk, 2-0 to 5-0, x, fs, c	item
SF040	suture, vicryl, 3-0 to 6-0, p, ps	item
SF042	wire, Kirschner 7.5in	item
SF043	wire, surgical steel	foot
SF044	blade, surgical, super-sharp	item
SF045	blade, urethrotome	item
SF047	scalpel, safety, surgical, with blade (#10-20)	item
SF048	suture, monocryl, 3-0 to 6-0, p, ps	item
SF049	suture, nylon, 8-0 to 9-0	item
SF050	suture, plain, gut, 2-0 to 6-0	item
SF051	suture, polyester, 0 to 3-0 (Mersilene)	item
SF052	suture, vicryl, 7-0	item
SF053	blade, sharp pointed surgical	item
SF054	wire, orthodontic	item
SF055	Bone biopsy device	item
SF056	Detachable coil	item
SF057	Non-detachable embolization coil	item
SF058	LC Beads (2mL vial)	item

SF059	Hysteroscopic tissue removal device	item
SG001	adherent, pre-tape spray	oz
SG002	adhesive bonder, orthotic	oz
SG003	adhesive foam	inch
SG004	adhesive liquid (Mastisol) (0.67ml uou)	item
SG005	adhesive remover, liquid (Detachol) (0.67ml uou)	item
SG006	adhesive remover, pad (acetone)	item
SG007	adhesive, skin (Dermabond)	item
SG008	applicator, cotton-tipped, non-sterile 6in	item
SG009	applicator, sponge-tipped	item
SG010	bandage, elastic wrap 2in (Ace)	item
SG011	bandage, elastic wrap 3in (Ace)	item
SG012	bandage, elastic wrap 4in (Ace)	item
SG013	bandage, elastic wrap 6in (Ace)	item
SG014	bandage, elastic, self-adherent wrap 1in (Coban)	item
SG015	bandage, Esmarch-Martin, sterile 3in x 9ft	item
SG016	bandage, Kerlix, sterile 4.5in	item
SG017	bandage, Kling, non-sterile 2in	item
SG018	bandage, Kling, non-sterile 3in	item
SG020	bandage, Kling, sterile 4in	item
SG021	bandage, strip 0.75in x 3in (Bandaid)	item
SG022	bandage, tubular, x-large (Surgilast)	yd
SG025	cast, padding 4in x 4yd (Webril)	item
SG027	cast, stockinette 4in	yd
SG028	cast, stockinette 6in	yd
SG029	casting tape, fiberglass 4in x 4yd	item
SG030	cotton balls, non-sterile	item
SG031	cottonoid	item
SG032	dental rolls	item
SG033	dressing, 12-7mm (Gelfoam)	item
SG034	dressing, 3in x 3in (Adaptic)	item
SG035	dressing, 3in x 4in (Telfa, Release)	item
SG036	dressing, 4in x 4.75in (Polyskin)	item
SG037	dressing, 4in x 4.75in (Tegaderm)	item
SG038	dressing, 4in x 4in (Vigilon)	item
SG039	dressing, 5in x 9in (ABD-Combine)	item
SG040	dressing, 5in x 9in (Adaptic)	item
SG041	dressing, 5in x 9in (Xeroform)	item
SG042	dressing, ear (Glasscock)	item
SG043	dressing, eye pad (Opticlude)	item
SG044	dressing, Merocel nasal standard 4.5cm	item
SG045	dressing, OpSite IV 3000	item
SG046	eye pad, sterile, strabismus	item
SG047	eye shield (fox) and garter	item
SG048	eye shield, fox	item
SG049	eye shield, non-fog	item
SG050	gauze, non-sterile 2in x 2in	item
SG051	gauze, non-sterile 4in x 4in	item
SG052	gauze, self-adherent roll 0.5in to 2in (Fabco, Gauztex)	inch
SG053	gauze, sterile 2in x 2in	item
SG054	gauze, sterile 3in x 3in	item
SG055	gauze, sterile 4in x 4in	item
SG056	gauze, sterile 4in x 4in (10 pack uou)	item

SG057	gauze, x-ray detectable, sterile 4in x 4in (10 pack uou)	item
SG058	moleskin 9in width	foot
SG059	oto-wick	item
SG060	outrigger line	yd
SG061	outrigger post	item
SG062	packing, gauze plain 0.25-0.50in (5 yd uou)	item
SG063	packing, gauze plain 1in (5 yd uou)	item
SG064	packing, gauze w-iodoform 0.25-0.5in (5 yd uou)	item
SG065	packing, gauze w-iodoform 1in (5 yd uou)	item
SG066	packing, gauze w-petrolatum, 0.5in (6yd uou)	item
SG067	penrose drain (0.25in x 4in)	item
SG068	plaster bandage (4in x 5yd uou)	item
SG070	punctum plug	pair
SG071	scrotal support	item
SG072	septal button prosthesis, silicone	item
SG073	splint, adhesive nasal (Denver)	item
SG074	steri-strip (6 strip uou)	item
SG075	tape, elastic, 1in (Elastoplast, Elasticon) (5yd uou)	item
SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)	item
SG077	tape, porous-hypoallergenic 2in (Scanpore)	inch
SG078	tape, surgical occlusive 1in (Blenderm)	inch
SG079	tape, surgical paper 1in (Micropore)	inch
SG080	unna boot	item
SG081	applicator, cotton-tipped, sterile, 6in	item
SG082	cotton balls, sterile	item
SG085	microsponge, cellulose (10 pack uou)	item
SG086	splint, finger (metal-foam)	item
SG087	stockings, knee length, 20-30mm compression	pair
SG088	tape, foam, elastic, 2in (Microfoam)	inch
SG089	tape, phix strips (for nasal catheter)	item
SG090	tracheostomy collar-neckband	item
SG091	tracheostomy dressing	item
SG092	packing, gauze, plain, 1 in (5 yd uou)	item
SG094	Tisseel Fibrin Glue, 1 ml	ml
SG095	Hemostatic patch	item
SG096	Multi-layer compression system bandages	item
SG097	foam underwrap	inch
SG098	rigid strapping tape	inch
SH001	acetic acid 5%	ml
SH002	acetylcholine (for patient use)	gm
SH003	adrenalin topical	ml
SH004	albumin saline	ml
SH006	antigen, mite	ml
SH007	antigen, multi (pollen, mite, mold, cat)	ml
SH008	antigen, single	ml
SH009	antigen, venom	ml
SH010	antigen, venom, tri-vespid	ml
SH011	atropine 1% ophth	ml
SH013	barium high density susp (11-12oz uou)	item
SH015	barium sulfate, sterile (Biotrace) (6gm uou)	item
SH016	barium suspension (Polibar)	ml
SH017	barium, honey (Varibar)	ml
SH018	barium, nectar (Varibar)	ml

SH019	barium, pudding (Varibar)	ml
SH020	bone cement (full dose pack uou) (Osteobond, Simplex)	item
SH021	bupivacaine 0.25% inj (Marcaine)	ml
SH022	bupivacaine 0.5% inj (Marcaine)	ml
SH023	chlorhexidine 0.12% (Peridex)	oz
SH024	Cipro HC otic soln	ml
SH025	cocaine 4% solution, topical	ml
SH026	Conray Inj (iothalamate 43%)	ml
SH027	dexamethasone 0.5% oph oint (4gm uou)	item
SH029	effervescent granules (Sparkles, EZ Gas) (4gm uou)	item
SH030	Emla cream	gm
SH032	erythromycin ophth oint (3.5gm uou)	item
SH033	fluorescein inj (5ml uou)	item
SH034	fluorescein strips	item
SH035	fluori-methane (cold spray)	ml
SH037	Goniosol 2.5% ophth	ml
SH038	hemostatic solution (Lumicain)	ml
SH039	heparin 1,000 units-ml inj	ml
SH040	heparin lock flush soln	item
SH041	Indigo Carmine soln 0.8% inj (5cc vial uou)	item
SH042	inhalant	gm
SH044	Iopidine 1% ophth soln (0.1ml uou)	item
SH045	Laminaria tent	item
SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	ml
SH047	lidocaine 1%-2% inj (Xylocaine)	ml
SH048	lidocaine 2% jelly, topical (Xylocaine)	ml
SH049	lidocaine 2% w-epi inj (Xylocaine w-epi)	ml
SH050	lidocaine 4% soln, topical (Xylocaine)	ml
SH053	neomycin-polymyxin-hc otic soln (Cortisporin)	ml
SH055	phenol 1000ppm	ml
SH056	phenylephrine 2.5% ophth (Mydfrin)	ml
SH057	prednisolone acet 1% oph soln (5ml uou)	item
SH058	proparacaine 0.5% ophth (Ophthaine, Alcaine)	ml
SH059	purified protein derivative (0.1ml per test) (PPD-Tubersol)	ml
SH060	renographin-60	ml
SH062	sclerosing solution inj	ml
SH064	silver sulfadiazene cream (Silvadene)	gm
SH065	sodium chloride 0.9% flush syringe	item
SH066	sodium chloride 0.9% inj (10ml uou)	item
SH067	sodium chloride 0.9% inj (250-1000ml uou)	item
SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	item
SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	item
SH070	talc, sterile (Sclerosol) (4gm uou)	item
SH071	Telepaque capsule	item
SH072	triamcinolone acetonide 0.1% cream	gm
SH073	tropicamide 1% ophth (Mydriacyl)	ml
SH074	water, sterile for irrigation (250-1000ml uou)	item
SH075	water, sterile inj	ml
SH076	adhesive, cyanoacrylate (2ml uou).doc	item
SH077	albuterol inhal soln (3ml vial)	item
SH078	balanced salt soln (BSS) (15ml uou)	item
SH081	Floxin 0.3% otic soln	ml
SH082	hyaluronic acid viscoelastic inj (Amvisc, 0.5ml uou)	item

SH083	Jessner's soln	ml
SH084	Kenalog 40 inj	ml
SH088	phenol, liquified, USP	ml
SH089	skin refrigerant-anesthetic spray (Frigiderm)	oz
SH090	sodium bicarbonate 8.4% inj w-needle (1ml uou)	item
SH091	trichloroacetic acid 90% (sat soln)	ml
SH092	LMX 4% anesthetic cream	gm
SH093	heparin 5,000 units-ml inj	ml
SH095	protamine sulfate 10 mg/ml (5ml uou vial)	item
SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	item
SH097	Pilocarpine 2%	ml
SH098	chlorhexidine 4.0% (Hibiclens)	oz
SH099	.9% sodium chloride	ml
SH100	Bone cement with mixer	item
SH101	negative control, allergy test	ml
SH102	positive control, allergy test	ml
SH103	benzylpenicilloyl polylysine (eg, PrePen) 0.25ml uou	each
SH104	kit, antigen, venom (5 insects)	ml
SH105	negative control, allergy intradermal test	ml
SH107	Spherusol	ml
SH108	Sotradecol Sclerosing Agent	Vial
SJ001	alcohol isopropyl 70%	ml
SJ002	allergen patch test card, T.R.U.E. (24 test card)	item
SJ003	allergen patch test cell, Finn Chambers (10 cell card)	item
SJ004	allergen patch test cell, Finn Chambers (5 cell card)	item
SJ006	anthralin ointment	gm
SJ007	bacitracin oint (0.9gm uou)	item
SJ008	bacitracin oint (15gm uou)	item
SJ009	basin, irrigation	item
SJ010	basin, emesis	item
SJ011	bulb syringe (Asepto)	item
SJ012	Cetacaine spray (56gm size bottle)	gm
SJ013	coal tar soln	ml
SJ014	collodion (2oz uou)	item
SJ015	contact lens soln (12oz uou)	item
SJ016	denture cup	item
SJ017	DuraPrep surgical soln (26ml uou)	item
SJ018	earplugs	pair
SJ019	electrode adhesive disk	item
SJ020	electrode conductive gel	ml
SJ021	electrode conductive paste	oz
SJ022	electrode skin prep gel (NuPrep)	ml
SJ023	electrode skin prep tape (One-Step)	inch
SJ024	electrolyte coupling gel	ml
SJ025	ethyl chloride spray	oz
SJ026	Eucerin cream	oz
SJ027	goggles, uv-blocking	item
SJ028	hydrogen peroxide	ml
SJ029	ice pack, instant	item
SJ030	ipecac syrup (1oz uou)	item
SJ031	leg or urinary drainage bag	item
SJ032	lubricating jelly (K-Y) (5gm uou)	item
SJ033	lubricating jelly (Surgilube)	oz

SJ034	methoxsalen 10mg (Oxsoralen)	item
SJ035	mineral oil	ml
SJ036	Monsel's soln	ml
SJ037	oxymetazoline nasal spray (Afrin) (15ml uou)	item
SJ038	petroleum jelly	oz
SJ039	pH buffer solution	ml
SJ040	phenylephrine 1% nasal spray (NeoSynephrine)	ml
SJ041	povidone soln (Betadine)	ml
SJ042	povidone surgical scrub (Betadine)	ml
SJ043	povidone swabsticks (3 pack uou)	item
SJ044	pre-thickened juice (4oz uou)	item
SJ045	sensor strip, skin temperature	item
SJ046	silver nitrate applicator	item
SJ047	splint straps 1in	item
SJ048	splint straps 2in	item
SJ049	stoma adhesive	oz
SJ050	stoma pouch and wafer	item
SJ051	swab, lemon-glycerine (3 pak uou)	item
SJ052	swab, procto 16in	item
SJ053	swab-pad, alcohol	item
SJ054	test strip, glucose-protein (Chemstrip GP, Uristix)	item
SJ055	test strip, INR	item
SJ056	Thera-bands (6in width)	foot
SJ057	thermometer (single use)	item
SJ058	thick-it pack	item
SJ059	tincture of benzoin, liquid	ml
SJ060	tincture of benzoin, swab	item
SJ061	tongue depressor	item
SJ062	ultrasound transmission gel	ml
SJ063	urinal	item
SJ064	zinc oxide ointment	oz
SJ065	contact lens (hard) care kit	item
SJ066	contact lens (hard) extra strength cleaning solution	ml
SJ067	contact lens (RGP) polishing soln (Silo2 Care)	ml
SJ068	saline, viscous (swallow challenge medium)	ml
SJ069	test strip, glucose (blood test)	item
SJ070	rubber cement	ml
SJ071	ACD-A anticoagulant	item
SJ072	brush, disposable applicator	item
SJ073	DMV remover	item
SJ074	lens cleaner	ounce
SJ075	methoxsalen, 10ml vial	item
SJ076	nose pads	item
SJ077	screws, spectacles	item
SJ078	temple tips	pair
SJ079	basin, sterile 500cc	item
SJ080	lens cleaner, daily (Allergan)	ounce
SJ081	swab, patient prep, 1.5 ml (chloraprep)	item
SJ082	paste, registration	gm
SJ083	polyurethane sheets (quantity as rolls)	roll
SJ084	teeth set	item
SJ085	triad tray material	item
SJ086	wax, baseplate	gm

SJ087	wax, boxing	gm
SJ088	swab, patient prep, 3.0 ml (chloraprep)	item
SJ089	ultrasound transmission gel, sterile (single use)	
SJ090	Voice Augmentation Gel	ml
SK001	ages & stages questionnaire	item
SK002	anatomical drawings (for treatment recording)	item
SK003	aphasia assessment forms, average	item
SK004	apple sauce	oz
SK005	assessment monitoring instruments	item
SK006	assessment-monitoring instruments (50% use)	item
SK007	audio cassette tape 60 min	item
SK008	audiology scoring forms	item
SK009	bath soap (one bar uou)	item
SK010	battery, 9 volt	item
SK011	battery, AAA	item
SK012	CDC information sheet	item
SK017	cookie (each)	item
SK018	cup, drinking	item
SK019	diluent, olive oil	ml
SK020	drinking straw	item
SK021	emery board	item
SK024	film, dental	item
SK029	film, instant (Polaroid) (per exposure)	item
SK030	film, Tri-x 35mm BW (per exposure)	item
SK032	film, type 667 Polaroid (per exposure)	item
SK039	foam 3in, therapy positioning (per 1 sq in)	item
SK040	graham crackers (one packet)	item
SK041	ice (per cup)	item
SK042	juice, apple	oz
SK043	label for files-folders	item
SK044	lamination sheet (letter size)	item
SK045	lip screen	item
SK046	lotion, massage, unscented	oz
SK047	map, Moh's surgery (per sheet)	item
SK048	measuring tape, paper	item
SK050	neurobehavioral status forms, average	item
SK051	pad, feminine maxi	item
SK052	pad, feminine mini	item
SK054	pad, urinary incontinence (Depends)	item
SK055	paper, card stock (8.5 x 11)	item
SK056	paper, graph-plotter	item
SK057	paper, laser printing (each sheet)	item
SK058	paper, photo printing (8.5 x 11)	item
SK059	paper, recording (per sheet)	item
SK060	paper, recording, roll (per foot)	foot
SK061	paraffin for therapy bath	lb
SK062	patient education booklet	item
SK065	photographic stop bath	oz
SK066	plastic wrap	foot
SK067	psych testing forms, average	item
SK068	razor	item
SK070	Rep-band, light (6yd uou)	item
SK071	rubber bands, non-sterile	item

SK072	sandpaper (per sheet)	item
SK073	skin marking ink (tattoo)	ml
SK074	skin marking pen, fluorescent (Spotlighter)	item
SK075	skin marking pen, sterile (Skin Skribe)	item
SK076	slide sleeve (photo slides)	item
SK077	spoon, plastic	item
SK078	sunscreen lotion (spf15)	oz
SK079	tape, toupee	inch
SK080	toothbrush	item
SK081	toothpaste	oz
SK082	towel, paper (Bounty) (per sheet)	item
SK084	Velcro, standard	foot
SK085	Velcro, strong (Poly-Lock)	foot
SK087	water, distilled	oz
SK088	Woodcock Johnson test record	item
SK095	battery, AA	item
SK097	canned air (Dust-Off)	oz
SK100	preventive assessment forms	item
SK103	cork sheet, 1cm x 1 cm	item
SK104	foil, aluminum, 10 cm x 10 cm	item
SK108	MCMI-III kit and manual	item
SK109	paper, articulating	item
SK114	tissue (Kleenex)	box
SK115	Reproduced patient worksheet	item
SK116	fluency assessment form, average	item
SK117	speech assessment form, average	item
SK118	language assessment form, average	item
SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet	booklet
SK120	Hydrophobic PAP Pen	item (10
SK121	Bread	per slice
SK122	Egg Whites	oz
SK123	Jelly	Packet (
SK124	Paper plate	item
SK125	Adhesive ruler	item
SK127	antigen vial transport envelopt	item
SK128	Beck Depression Inventory, Second Edition (BDI-II)	item
SL001	acetone	ml
SL004	alcohol reagent solvent	ml
SL005	alcohol, acid	ml
SL006	alcohol, ethyl, denatured	ml
SL012	antibody IgA FITC	ml
SL013	antibody IgG FITC	ml
SL018	beaker, 250 ml	item
SL020	bleach	ml
SL021	calibration beads (each test)	item
SL024	centrifuge tube	item
SL025	chloroform	ml
SL026	clearing agent (Histo-clear)	ml
SL027	color coded cap and vial (for antigen)	item
SL030	cover slip, glass	item
SL031	cover slip, liquid (M-1)	ml
SL032	culture media	ml
SL033	culture swab system (Culturette)	item

SL034	cup, biopsy-specimen 86oz	item
SL035	cup, biopsy-specimen non-sterile 4oz	item
SL036	cup, biopsy-specimen sterile 4oz	item
SL037	cup, medicine (1oz size)	item
SL038	cup-container, sterile, graduated 1000ml	item
SL039	cytology, lysing soln (CytoLyt)	ml
SL040	cytology, preservative and vial (Preserv-cyt)	item
SL041	cytology, specimen filter (Transcyt)	item
SL042	cytology, transport prefilled container	item
SL043	cytology, vacuum grease	oz
SL044	DDSA	gm
SL045	decalcifier solution	ml
SL046	dental impression tray	item
SL047	dental stone powder	lb
SL048	desiccant-absorber	item
SL050	DMP 30	gm
SL051	DNA 0.05N HCl rinse reagent	ml
SL052	DNA 0.1N HCl staining soln	ml
SL053	DNA 5N HCl	ml
SL054	DNA calibration slides	item
SL055	DNA stain kit (per test)	item
SL057	embedding capsules	item
SL058	embedding cassette	item
SL059	embedding epoxy (NMA)	ml
SL060	embedding mold	item
SL061	embedding paraffin	kg
SL064	filter paper, qualitative, <15.0cm	item
SL065	filter paper, qualitative, 18.5cm	item
SL066	filter, nylon mesh (55mm)	item
SL068	fixative (for tissue specimen)	ml
SL070	fixative processing (buffered formalin)	ml
SL071	fixative spray	ml
SL072	formalin	ml
SL074	glass strip (each)	item
SL075	glutaraldehyde 25%	ml
SL077	hematoxylin reagent	ml
SL078	histology freezing spray (Freeze-It)	oz
SL079	hydrochloric acid 0.1%, std soln	ml
SL080	immersion oil	ml
SL081	impression material, alginate (dental)	lb
SL083	indocyanine green (25ml uou)	item
SL084	Isoton II diluent	ml
SL085	label for microscope slides	item
SL087	lens paper	item
SL088	lint-free cloth	item
SL089	lysing reagent (FACS)	ml
SL090	methanol, absolute, 99.8% min.	ml
SL091	methylbutane (Isopentane)	ml
SL093	mold release agent, liquid	ml
SL095	mounting media (Histomount)	ml
SL097	OCT Tissue-Tek	ml
SL098	osmium tetroxide	gm
SL099	paraformaldehyde	gm

SL103	petri dish	item
SL104	phosphate buffer, dibasic	gm
SL105	phosphate buffer, monobasic	gm
SL107	phosphate buffered saline solution	ml
SL108	pipette	item
SL109	pipette, transfer 23ml	item
SL110	pipette tip (blue-yellow)	item
SL111	Poly Bed 812	gm
SL112	positive control slide	item
SL115	propidium iodide	ml
SL116	propylene oxide	ml
SL120	slide container (for 20 microscope slides)	item
SL121	slide specimen mailer (1-5 microscope slides)	item
SL122	slide, microscope	item
SL125	sodium cacodylate	gm
SL126	sodium chloride, 99.0% min.	gm
SL127	sodium citrate	gm
SL128	sodium hydroxide	gm
SL130	spatula (pathology)	item
SL134	stain, frozen section, H&E (1ml per slide)	ml
SL135	stain, hematoxylin	ml
SL136	stain, Lugol's	ml
SL137	stain, PAP EA-50	ml
SL138	stain, PAP toluidine blue O	ml
SL139	stain, quick differential (5ml per slide)	ml
SL140	stain, Wright's Pack (per slide)	ml
SL141	stain, Wright's soln	ml
SL143	test tube	item
SL144	thrombin reagent (Thromboquik)	ml
SL146	tubed culture media	item
SL147	uranyl acetate	gm
SL149	waterbath reagent	ml
SL150	wax, bite registration wafer	item
SL151	xylenes solvent	ml
SL152	acrylic tray-base material	oz
SL154	alcohol ethyl 100%	ml
SL155	applicator, wood, 6.5in	item
SL156	cup, sterile, 12-16 oz	item
SL157	cup, sterile, 8 oz	item
SL158	diamond knife cleaning rod	item
SL159	gas, nitrogen	cu ft
SL160	glass knife boat	item
SL161	grid storage box (holds 50 grids)	item
SL162	lead citrate	gm
SL164	osmometer sample tip and cleaner	item
SL165	osmometer std, 50 mOsm-kg, 2ml amp	ml
SL166	osmometer std, 850 mOsm-kg, 2ml amp	ml
SL167	paper, weighing (glassine)	item
SL168	pipette bulb	item
SL169	pipette, 9inch	item
SL171	sodium barbital	gm
SL172	specimen block storage box	item
SL173	sucrose, reagent	gm

SL174	Toluidine Blue O (for microscopy)	gm
SL175	underpad 2ft x 2ft (lab bench)	item
SL176	vial, specimen-sample, 4ml	item
SL177	wax sheet	item
SL178	0.2N HCL	ml
SL179	1.0N NaOH	ml
SL180	phosphate buffered saline (PBS)	ml
SL181	pipette tips, sterile	item
SL182	mounting media (DAPI II counterstain)	ml
SL183	slide, organosilane coated	item
SL184	slide, negative control, Her-2	item
SL185	slide, positive control, Her-2	item
SL186	antibody, flow cytometry (each test)	item
SL187	balance salt solution (BSS), sterile, 15cc	ml
SL188	EM fixative, karnovsky's	ml
SL189	ethanol, 100%	ml
SL190	ethanol, 70%	ml
SL191	ethanol, 85%	ml
SL192	formamide	ml
SL193	glycolic acid, 20-50%	ml
SL194	Hemo-De	ml
SL195	kit, FISH paraffin pretreatment	kit
SL196	kit, HER-2/neu DNA Probe	kit assay
SL197	label for blood tube	item
SL198	label, vial	item
SL199	lithium carbonate, saturated	ml
SL200	sodium bicarbonate spray, 8 oz	item
SL201	stain, eosin	ml
SL202	tissue conditioner, coesoft (0.5 oz, each, liquid and powder)	item
SL203	vial, 10 ml, plastic (-70 degree storage)	item
SL204	vial, kimble sample, non sterile, glass, 20 ml	item
SL205	acylic, dental	gm
SL208	alloy framework, laboratory processing	item
SL211	caffeine	gm
SL212	CHCT buffer (NaCl, NaHCO3, KCl, KH2PO4, MgSO4,CaCl12-2H20)	liter
SL222	gas, halothane	ml
SL223	gas, mixture, tank G, 5% CO2 and 95% O2	item
SL224	gas, mixture, tank H	item
SL228	Greenstick compound	item
SL229	HCl, 1% hydrochloric acid	cc
SL230	impression material, final	ml
SL231	kit, stain, H&E	kit
SL232	KOH	gm
SL236	reline material, Trusoft	gm
SL237	silicone	gm
SL238	slide, glass, (plain blank slide)	item
SL240	tube, centrifuge, micro, 1.5 ml, DNase free snap lock	item
SL244	water, de-ionized	ml
SL245	weighing dishes, pour boats	item
SL246	buffer, lysis	ml
SL247	caps, Capsure Macro LCM	ml
SL248	ethanol, 95%	ml
SL250	methylene blue stain	ml

SL251	Rnase-free water	ml
SL253	Non-Gyn Filter unit	item
SL254	0.45 µm pore filtration unit	item
SL255	12-well slides	item
SL256	ThinPrep UroCyte filter	item
SL257	Humidity cards	item
SL258	Control slides	kit
SL259	Bleach cleaning wipe	item
SL260	Fresh Fixative (3:1, methanol: acetic acid)	item
SL261	FISH pre-treatment kit	kit
SL262	Anerobic culture tube	item
SL263	Plastic storage container, 11oz	item
SL264	uranyl nitrate	oz
SL265	hydroquinone	gm
SL266	gum mastic	gm
SL267	silver nitrate	gm
SL268	ammonium hydroxide	ml
SL269	NADH	mg
SL270	Nitro blue tetrazolium	mg
SL271	10% Gum Tragacanth/OCT	oz
SL272	cork disc (5 mm thick 15 mm diameter)	item
SL273	weighing boat	item
SL274	Oil Red O	ml
SL463	Aluminum Chloride 70%	ml
SL464	Atomizer tips (disposable)	item
SL468	Paraffin repel	ml
SL469	Clarifier	ml
SL470	Marking Dyes	ml
SL471	Q-tip	each
SL472	Specimen containter	item
SL473	Slide, charged	item
SL474	Confirm anti-CD15 Mouse Monoclonal Antibody (Ventana 760-2504)	test
SL475	E-bar labels (Ventana 1358501)	item
SL476	E-Bar Printer Ribbon (Ventana 1632900) (prints 8100 labels)	item
SL477	Permanent marking pen	item
SL478	Reaction buffer 10X (Ventana 950-300)	ml
SL479	Liquid coverslip (Ventana 650-010)	ml
SL480	SSC (10X) (Ventana 950-110)	ml
SL481	EZ Prep (10X) (Ventana 950-102)	ml
SL482	Cell Conditioning 1 (Ventana 950-124)	ml
SL483	Hematoxylin II (Ventana 790-2208)	ml
SL484	Bluing reagent (Ventana 760-2037)	ml
SL485	Cover slip glue/Mounting media	ml
SL486	250 Test Prep Kit # 78 (Ventana 786-3034)	per test
SL487	monoclonal rabbit anti-AMACR, clone 13 H4 (Cell Marque)	ml
SL488	UltraView Universal DAB Detection Kit	test
SL489	UtraView Universal Alkaline Phosphatase Red Detection Kit	per test
SL490	microscopic slide, cytology liquid based preparation	item
SL491	stain, PAP OG-6	ml
SL493	Antibody Estrogen Receptor monoclonal	Test
SL494	Surface Decontaminant (DNA Away)	ml
SL495	Anti CD45 Monoclonal Antibody	Test
SL496	34 Beta E12	Test

SL497	(EBER) DNA Probe Cocktail	Test
SL498	Kappa Probe Cocktail	ul
SL499	Lambda Probe Cocktail	ul
SL500	CMV DNA Probe Cocktail	ul
SL501	cytology, preservative and vial, (cytospin) 88108 - 30ml	
SL502	Millipore filter	item
SL503	fixative spray for cytospin	ml
SL504	slide, microscope coated cytospin (single circle)	item
SL506	Protease	mg
SL507	EBER positive control slide	item
SL508	positive control slide (proxy for Kappa Positive Control Slide)	item
SL509	positive control slide (proxy for Kappa Negative Control Slide)	item
SL510	positive control slide (proxy for Lambda Positive Control Slide)	item
SL511	positive control slide (proxy for Lambda Negative Control Slide)	item
SL512	positive control slide (proxy for CMV Positive Control Slide)	item
SL513	positive control slide (proxy for CMV Negative Control Slide)	item
SL514	positive control slide (proxy for IGH@BCL2 Positive Control Slide)	item
SL515	positive control slide (proxy for IGH@BCL2 Negative Control Slide)	item
SL516	positive control slide (proxy for EBER Negative Control Slide)	item
SL518	Zeus medium	ml
SL519	Urethane Foaming Agent	
SM001	atomizer tip shield (RhinoGuard)	item
SM002	autoclave bag	item
SM003	autoclave tape	yd
SM005	biohazard glass disposal box (per disposed slide)	item
SM007	biohazard pipette container	item
SM008	biohazard specimen transport bag	item
SM010	cleaning brush, endoscope	item
SM011	cleaning brush, instruments	item
SM012	disinfectant spray (Transeptic)	ml
SM013	disinfectant, surface (Envirocide, Sanizide)	oz
SM014	endoscope anti-fog solution	ml
SM015	enzymatic detergent	oz
SM016	eye shield, splash protection	item
SM017	formaldehyde spill control	ml
SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	oz
SM019	glutaraldehyde test strips (Cidex, Metrex)	item
SM020	lotion, antibacterial	oz
SM021	sanitizing cloth-wipe (patient)	item
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	item
SM023	scrub brush (impregnated)	item
SM024	soap, liquid, antibacterial	oz
SM025	specula tips, otoscope	item
SM026	whirlpool antiseptic (80gm pack) (Chlorazene)	item
SM027	wipes, lens cleaning (per wipe) (Kimwipe)	item
SM028	filter, mouthpiece (NIOX)	item
SM029	skin prep barrier wipes	item

Purchase Price
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2017 Direct PE Inputs Equipment Listing

CMS Code	*cut and paste to spreadsheet from column A only* EQUIPMENT Description	Useful Life	Price
ED003	camera, 35mm system (medical grade)	5	1106.5
ED004	camera, digital (6 mexapixel)	5	946.16
ED005	camera, digital system, 12 megapixel (medical grade)	5	3570.98
ED006	camera, digital system, for electron microscopy	5	82000
ED008	camera, retinal (TRC 50IX, w-ICG, filters, motor drives)	5	37000
ED009	computer and VDT and software	5	7100
ED011	computer system, record and verify	5	163593
ED012	computer workstation, 3D hyperthermia treatment planning	5	98000
ED014	computer workstation, 3D reconstruction CT-MR	5	45926
ED015	computer workstation, 3D teletherapy treatment planning	5	256224
ED017	computer workstation, brachytherapy treatment planning	5	105403
ED018	computer workstation, cardiac cath monitoring	5	94000
ED019	computer workstation, nuclear medicine analysis-viewing	5	55097
ED020	computer workstation, nuclear pharmacy management (hardware and so	5	13400
ED021	computer, desktop, w-monitor	5	2501
ED031	printer, dye sublimation (photo, color)	5	2322.5
ED032	printer, laser, paper	5	1199
ED033	treatment planning system, IMRT (Corvus w-Peregrine 3D Monte Carlo)	5	350545
ED034	video SVHS VCR (medical grade)	5	1250
ED035	video camera	5	1000
ED036	video printer, color (Sony medical grade)	4	2295
ED037	acquisition system, digidata, molecular	5	2386
ED038	notebook (Dell Latitute D600)	3	1506
ED039	psychological testing equipment		
ED040	genetic counseling, pedigree, software	5	950
ED041	MLC shaper	5	144912
ED042	pressure sensor, wireless (for implanted AAA sac sensor)	5	25000
ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-s	10	1000
ED044	video camera (machine monitor)	5	1000
ED045	video camera (patient monitor)	5	1000
ED046	low-light video cameras (3) and DVR	5	696
ED047	Thermal Printer	5	
ED048	Digital Printer	5	774.89
ED050	PACS Workstation Proxy	5	5557
ED051	multimodality software	5	11570
ED052	computer, desktop, w-monitor (for EM scope)	5	2501
ED053	Professional PACS Workstation	5	14616.93
EF001	bath tub	10	1150
EF002	bed, hospital, electric	12	1746.52
EF003	bedroom furniture (hospital bed, table, reclining chair)	12	2416.99
EF004	cart, laboratory	10	677.83
EF005	cart-workbench, orthotic, mobile	10	752.5
EF006	casting table attachment, Risser	10	2538
EF007	casting table attachment, hip-spica cast	10	4099
EF008	chair with headrest, exam, reclining	15	4836.33
EF009	chair, medical recliner	10	829.03
EF010	chair, thyroid imaging	10	2200
EF011	crash cart (unstocked)	10	868.5

EF012	lift, hydraulic, chair	10	4848.65
EF013	lift, hydraulic, table assist	10	1111
EF014	light, surgical	15	4489.13
EF015	mayo stand	15	530.76
EF016	scale, high capacity (800 lb)	10	1726.33
EF017	scale, new born, digital	15	1279.41
EF018	stretcher	10	1915
EF019	stretcher chair	10	3133
EF020	stretcher, endoscopy	10	2414
EF021	table, brachytherapy treatment	15	28900
EF023	table, exam	15	1338.17
EF024	table, fluoroscopy	15	281600
EF025	table, for seated OT therapy	15	718.67
EF027	table, instrument, mobile	15	634
EF028	table, mat, hi-lo, 6 x 8 platform	15	4521.67
EF029	table, mobolization-manipulation (Lloyd's)	15	8195
EF030	table, motorized (for instruments-equipment)	15	895
EF031	table, power	10	6153.63
EF032	table, tilt (w-trendelenberg)	15	7695
EF033	table, treatment, hi-lo	15	2361.67
EF034	table, ultrasound	15	5823.33
EF035	whirlpool (Hubbard tank)	10	15195
EF036	whirlpool, lo-boy tank (whole body)	10	3296.4
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	15	7955
EF039	light, dental, ceiling mount (Adec)	10	2555
EF040	refrigerator, vaccine, commercial grade, w-alarm lock	10	1585
EF042	One Couch and Two Chairs	10	1497
EF043	Set of 8 chairs	10	3672
EF044	Crib	10	3900
EL001	environmental module - car	15	33750
EL002	environmental module - kitchen	15	56250
EL003	environmental module - the workshop	15	22500
EL004	lane, central pod (oph)	7	23029
EL005	lane, exam (oph)	7	30453.33
EL006	lane, screening (oph)	7	28463.33
EL007	room, CT	5	1284000
EL008	room, MR	5	1605000
EL011	room, angiography	5	1386816
EL012	room, basic radiology	5	127750
EL013	room, mammography	5	168214
EL014	room, radiographic-fluoroscopic	5	367664
EL015	room, ultrasound, general	5	369945
EL016	room, ultrasound, vascular	5	466492
EL018	room, mobile c-ARM	5	151200
EP001	DNA image analyzer (ACIS)	7	195000
EP004	balance, analytic	10	4001.67
EP005	balance, scale	7	768.5
EP006	camera system, specular microscope	5	26100
EP007	centrifuge (with rotor)	7	4291.65
EP008	cytology thinlayer processor (ThinPrep)	7	54000
EP010	diamond knife (4.0-4.4mm) (electron microscopy)	7	3400
EP012	differential tally counter, 12-channel	5	672.73
EP014	flow cytometer	5	119850

EP015	grossing station w-heavy duty disposal	20	20175.5
EP016	hood, biohazard	10	6884.25
EP017	hood, fume	15	4778.46
EP018	hood, negative flow	15	2400
EP019	hood, ventilator with blower	10	1612.5
EP021	incubator	10	837.3
EP022	incubator, CO2 (dry-wall)	10	5842.99
EP023	microscope, binocular - dissecting	7	956
EP024	microscope, compound	7	11621.35
EP026	microscope, electron, transmission (TEM)	7	319290
EP027	microscope, fluorescence	7	9468.48
EP029	oven, convection (lab)	10	640.73
EP030	pH conductivity meter	10	1028
EP031	paraffin dispenser (five-gallon)	10	2222.5
EP032	paraffin dispenser (two-gallon)	10	1520
EP033	slide coverslipper, robotic	7	30143
EP034	slide dryer	10	962.5
EP035	slide etcher-labeler	7	15836.67
EP036	slide stainer, automated, high-volume throughput	7	14085.68
EP037	slide stainer, automated, standard throughput	7	8265.64
EP038	solvent recycling system	7	13995
EP039	tissue embedding center	8	9096.67
EP040	tissue processor	7	33593
EP042	vacuum pump	7	1840
EP043	water bath, general purpose (lab)	7	726.45
EP044	centrifuge, cytospin	7	7330
EP045	chamber, hybridization	7	7107
EP047	loader, FACS	7	22500
EP048	microfuge, benchtop	7	2410
EP049	oven, isotemp (lab)	10	2383
EP050	scanner, AutoVysion	5	135000
EP051	slide warmer	7	568
EP052	ultrasonic nebulizer	10	1000
EP053	wash assistant, FACS	7	38000
EP054	water bath, FISH procedures (lab)	7	2111
EP055	amplifiers, transducers, for water bath (EPxxx), 4 at $725 each	10	2900
EP056	articulator (model 96H2 - Hanua)	10	662
EP060	dust collecting unit (Handler)	10	810
EP065	grinding and polishing unit (Handler)	10	2410
EP066	handpiece, laboratory (Ney)	10	819
EP068	illuminator, fiber optic, for microscope (Grass Telefactor)	5	510
EP069	light curing unit (Triad 2000)	10	795
EP070	pH meter, nonglass, solid-state 620 220v (Orion pHuture)	10	1389
EP072	signal conditioner, 8 channel (Cyberamp 380-2)	10	7000
EP074	steamer, portable (Kerr Lab)	10	1149
EP075	stimulator, attenuator, 4 channel (for model SS2) (Grass Telefactor)	10	810
EP076	stimulator, nerve and muscle, dual output, square pulse, w-power cord (n	10	3625
EP077	stimulator, splitter, power booster (model SS2) (Grass Telefactor)	10	610
EP078	transducers, force displacement (for in vitro or in vivo), model FT03	10	760
EP079	triad unit	10	639
EP080	trimmer, dental model (Buffalo)	10	540
EP081	vaporizer, Halothane (Fisher)	8	1350
EP082	washout and curing unit (Nevin)	10	3777

EP083	water bath, pump, w-isotemp circulation	7	3006
EP084	water bath, tissue, 4-unit, high tech organ bath	7	9296
EP085	whip mix combo unit (Vac-U-Spat)	10	987
EP086	whip mixer	10	845
EP087	instrument, microdissection (Veritas)	7	222000
EP088	ThermoBrite	7	6120
EP089	Camera (Olympus DP21)	5	7719.3
EP090	IkoniLan Software	5	50000
EP091	IkoniScope	7	201597
EP092	Olympus BX41 Fluorescent Microscope (without filters or camera)	5	27231.35
EP093	Filters	5	5458
EP110	Freezer	10	6871.07
EP111	Automated Casette Labeler	5	3862
EP112	Benchmark ULTRA automated slide preparation system	5	150000
EP114	Thin Prep Vortexer	5	936
EP115	Electron Microscopy Tissue Processor	7	13119
EP116	VP-2000 Processor	7	30800
EP117	Reentrant well ionization chamber	7	5180
EP118	L-block (needle loading shield)	10	1195
EP119	Central Blood Pressure Monitoring Equipment (XCEL PWA & PWV Syste	5	14700
EP120	water bath, digital control	7	2350
EQ001	ABR-auditory brainstem response system	7	27000
EQ002	CDP-computerized dynamic posturography system	7	86957.5
EQ003	CO2 infrared analyzer (COSMO)	7	4500
EQ004	CO2 respiratory profile monitor	7	7995
EQ005	CPAP/BiPAP remote clinical unit	7	3100
EQ006	CSF shunt programmer unit	7	2392
EQ007	ECG R-wave trigger (gating) device	7	5671
EQ008	ECG signal averaging system, w-P-waves and late potentials software	5	17900
EQ009	ECG, 1-channel (Burdick)	7	1506
EQ010	ECG, 3-channel	7	1845.42
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	7	4322.5
EQ012	EECP, external counterpulsation system	5	150000
EQ013	EEG analysis software	5	82000
EQ014	EEG monitor, digital, portable	7	17500
EQ015	EEG recorder, ambulatory	7	12500
EQ016	EEG review station, ambulatory	5	7950
EQ017	EEG, digital, prolonged testing system (computer w-remote camera)	7	46750
EQ018	EEG, digital, standard testing system (computer hardware & software)	7	21000
EQ019	EGG monitoring system	7	32900
EQ020	EMG biofeedback continence training system (Pathway CTS2000)	8	11750
EQ021	EMG botox	7	16188
EQ022	EMG, surface system (OT, PT, clinician) (Therapist System)	8	9995
EQ023	EMG-NCV-EP system, 2-4 channel	10	18288.63
EQ024	EMG-NCV-EP system, 8 channel	10	59500
EQ025	ENG recording system	5	19900
EQ026	EOG, ERG, VEP electrodiagnostic unit	7	33500
EQ027	Farnsworth-Munsell 100-Hue color vision test w-software	7	626.5
EQ029	Humphrey field analyzer	7	27000
EQ030	ICG monitoring system (impedance cardiography)	5	28625
EQ031	INR monitor, home	4	2000
EQ032	IV infusion pump	10	2384.45
EQ034	OAE-otoacoustic emission system	7	7780

EQ035	QSART acquisition system (Q-Sweat)	5	28000
EQ036	RGP lens modification unit	7	540
EQ037	TUMT system control unit	7	29995
EQ038	VRA-visual reinforcment audiometry system	5	1550
EQ039	Vmax 229 (PFT equip, computer system)	8	44681
EQ040	Vmax 229 (spirometry testing equip, computer system)	8	44681
EQ042	Vmax 29c (cardio-pulm stress test equip, treadmill, computer system)	8	58751
EQ043	Vmax 29s (spirometry testing equip, computer system)	8	26875
EQ044	Vmax 62j (body plethysmograph autobox)	8	21055
EQ047	air compressor, safety	12	575
EQ048	anesthesia machine (w-vaporizers)	7	60000
EQ049	anomaloscope, diagnostic (HMC)	10	6146
EQ050	aquatic therapy pool	15	36000
EQ051	arterial tonometry acquisition system (WR Testworks)	7	14500
EQ052	arterial tonometry monitor (Colin Pilot)	7	14900
EQ053	audiometer, clinical-diagnostic	10	6250
EQ054	audiometric soundproof booth (exam and control rooms)	15	33518
EQ055	augmentative communication - AT switches (eg, arm, tongue, pneumatic	7	1910
EQ056	augmentative communication - Dragon Naturally-Speaking	7	699.95
EQ057	augmentative communication - DynaBeam access w-memory backup	7	604
EQ058	augmentative communication - DynaVox 3100	7	7295
EQ059	augmentative communication - DynaVox wheelchair mount	7	765
EQ060	augmentative communication - Hand Held Voice	7	695
EQ061	augmentative communication - HeadMaster w-adapters	7	1695
EQ062	augmentative communication - IntelliKeys, Overlay, ClickIt	7	560
EQ063	augmentative communication - Tech Speak	7	645
EQ064	augmentative communication - Tracker 2000	7	1795
EQ065	augmentative communication - VoicePal Max	7	555
EQ066	augmentative communication - WhitKit head support	7	1400
EQ067	augmentative communication - auditory trainer	7	1096
EQ068	balance assessment-retraining system (Balance Master)	5	13500
EQ069	balance board	15	509.66
EQ070	barostat system, with hardware & software	5	23625
EQ072	blood warmer	7	3840
EQ073	body analysis machine, bioimpedence	10	2151.32
EQ074	breast biopsy device w-system (Mammotome)	5	29862
EQ075	breast biopsy imaging system, stereotactic (imager, table, software)	5	234000
EQ077	caloric stimulator, air or water	7	5950
EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)	10	14271.03
EQ080	cast cart	10	3808
EQ081	cast cutter	10	1160.62
EQ082	cast vacuum	8	1475.5
EQ083	catheter, multi-channel, with impedance sensors	3	13465
EQ084	cell separator system	6	59320
EQ085	cochlear implant programming system	7	9000
EQ086	cochlear implant testing system	10	9500
EQ087	cognitive abilities testing software (Woodcock Johnson)	5	558
EQ088	contrast media warmer	7	552
EQ089	stimulator, cortical bipolar-biphasic, w-output cable, stim/record switching	7	4237
EQ091	cryo system, w-nerve stimulator, console, digital temp indicator & timer (F	10	14995
EQ092	cryostat	7	17197.5
EQ093	cryosurgery equipment (for liquid nitrogen)	10	2394.3
EQ094	cryosurgery system, non-ophthalmic	10	1607.5

EQ095	cryosurgery system, ophthalmic	7	5245
EQ096	cryosurgical probe, retina	7	1984
EQ097	defibrillator	5	2853.33
EQ098	dermabrader (Osada)	10	1590
EQ099	dermatome, electric	10	4399
EQ102	diathermy, short wave (AutoTherm 395)	10	8185
EQ103	discogram pressure monitor	7	600
EQ104	doppler (fetal or vascular)	5	708.22
EQ105	dosimeter, aerosol provocation	10	1795
EQ106	drill system, surgical, large (Stryker)	10	15933
EQ107	drill system, surgical, small-micro (Stryker)	3	8979
EQ109	dust extractor	8	500
EQ110	electrocautery-hyfrecator, up to 45 watts	10	975.08
EQ111	electroconvulsive therapy machine	5	13995
EQ112	electromagnetic machine	10	25000
EQ113	electrosurgical generator, gastrocautery	7	11375
EQ114	electrosurgical generator, up to 120 watts	7	1838.42
EQ115	electrosurgical system (w-smoke evac) (LEEP, Quantum)	7	4283
EQ116	electrotherapy stimulator, high volt, 2 channel	7	1923
EQ117	evaluation system for upper extremity-hand (Greenleaf)	5	17495
EQ118	exercise equipment (treadmill, bike, stepper, UBE, pulleys, balance boar	15	12710
EQ119	external fixation, craniofacial halo (BlueDevice)	4	5146
EQ120	external fixation, mandible (Joe Hall Morris)	4	4508
EQ121	fetal monitor	5	5415.95
EQ123	food models	4	700
EQ124	stimulator, constant current, w-stimulating and grounding electrodes (Gra	20	888
EQ125	glucose continuous monitoring system	5	2465
EQ126	holter analysys system	7	8816
EQ127	holter monitor	5	1413.43
EQ128	holter system with one recorder	7	11303.9
EQ129	hydrocollator, cold	10	1910.5
EQ130	hydrocollator, hot	10	1090.17
EQ131	hyperbaric chamber	15	127017.98
EQ132	hysteroscopy ablation system	5	19500
EQ133	immittance, middle-ear analyzer	10	4995
EQ134	impedance meter, 32-channel	7	1120
EQ135	impedance recording workstation w-software	5	42110
EQ136	infrared coagulator (with hand applicator, includes lightguide)	10	3659.5
EQ137	instrument pack, basic ($500-$1499)	4	500
EQ138	instrument pack, medium ($1500 and up)	4	1500
EQ139	intercom (incl. master, pt substation, power, wiring)	10	1630
EQ140	intra-compartmental pressure monitor device	7	1737
EQ141	iontophoresis machine	8	995
EQ142	isokinetic evaluation system (Cybex NORM)	5	39900
EQ143	kit, ADL	10	586.5
EQ144	kit, ambulation	10	763.7
EQ145	kit, aquatic exercise	10	500
EQ146	kit, capsule endoscopy recorder	10	6950
EQ147	kit, ergonomic (office)	10	2285.48
EQ148	kit, hand dexterity, sensory, strength	10	1561.4
EQ149	kit, hand evaluation	10	617.65
EQ150	kit, laryngeal injector	3	1032
EQ151	kit, motor coordination	10	643.75

EQ152	kit, sensory	10	677.35
EQ153	laser (gs, uro, obg, ge) (Indigo Optima)	5	59890
EQ156	laser, CO2 (Star X)	5	7795
EQ157	laser, YAG	5	29975
EQ158	laser, argon (w-slit lamp adapter)	5	32900
EQ159	laser, argon-kripton	5	85000
EQ160	laser, endovascular ablation (ELVS)	5	42000
EQ161	laser, excimer	5	160000
EQ162	laser, photodynamic therapy	5	35000
EQ163	laser, pulse dye	5	78500
EQ164	lens set, fitting, low vision	10	4750
EQ165	lens set, trial, full diameter, w-frame	10	904.93
EQ166	lensometer, auto	7	2995
EQ167	light source, xenon	5	7000
EQ168	light, exam	10	1630.12
EQ169	light, external PDT, w-probe set (LumaCare)	5	8810
EQ170	light, fiberoptic headlight w-source	5	1992.92
EQ171	light, infra-red, ceiling mount	10	555
EQ172	light, infra-red, pole mount	10	512.5
EQ173	light, ultra-violet	10	618.22
EQ174	liposorber system	7	7800
EQ175	lithotriptor, with C-arm (ESWL)	5	440000
EQ176	loupes, standard, up to 3.5x	7	836.67
EQ177	loupes, surgical, prism, up to 8.0x	7	1398.33
EQ178	magnetic stimulator hand coil (70-90mm)	10	2950
EQ179	magnetic stimulator leg coil (110mm)	10	4600
EQ180	magnetic stimulator system (BiStim)	10	27800
EQ181	manometry system (computer, transducers, catheter)	5	32985
EQ182	micropigmentation (tattoo) system	7	2550
EQ183	microscope, operating	5	7047.5
EQ184	nerve stimulator (eg, for nerve block)	7	572.3
EQ185	neurobehavioral status instrument	5	13635
EQ186	nocturnal penile tumescence monitor (Rigiscan Plus)	7	9000
EQ187	nutrition therapy software (Nutritionist Pro)	5	595
EQ188	optical biometer (IOLMaster)	7	26000
EQ189	otoscope-ophthalmoscope (wall unit)	10	694
EQ192	oxygen system, portable	8	569.89
EQ193	pH ambulatory recorder (Bravo)	5	6900
EQ194	pH ambulatory recorder (Digitrapper)	5	6600
EQ196	pH recording workstation w-software (Bravo)	5	11490
EQ197	pH recording workstation w-software (Digitrapper)	5	11490
EQ198	pacemaker follow-up system (incl software and hardware) (Paceart)	7	23507
EQ200	paraffin bath, hand-foot (institutional)	7	2406.5
EQ201	parallel bars, platform mounted	15	1670.67
EQ202	percutaneous neuro test stimulator	7	795
EQ203	phototherapy UVB measuring device	10	690
EQ204	phototherapy unit, hand-foot, UVA-UVB	10	1675
EQ205	phototherapy unit, whole body, UVA-UVB	10	12975
EQ206	photopheresor system	6	65000
EQ207	pool cleaner	15	1372.15
EQ208	programmer, for implanted medication pump (spine), w-printer	7	1975
EQ209	programmer, neurostimulator (w-printer)	7	1975
EQ211	pulse oximeter w-printer	7	1207.18

EQ212	pulse oxymetry recording software (prolonged monitoring)	5	990
EQ213	pump, water perfusion (for manometry)	7	7307
EQ214	radiofrequency generator (NEURO)	5	32900
EQ215	radiofrequency generator (vascular)	5	25000
EQ216	radiofrequency generator, TUNA procedure	5	16500
EQ217	radiusgauge	7	1234
EQ218	range of motion (spinal) device and software (Myo-Logic)	5	7995
EQ219	rehab and testing system (BTE primus)	5	45820
EQ221	review master	5	5000
EQ222	rhinomanometer system (w-transducers and software)	7	10800
EQ223	saw, surgical, electric (Stryker)	10	6080
EQ224	sensory integration equip (eg, ball pit, glider, trampoline, ramp)	15	3600
EQ225	sensory integration equipment, suspension system	10	2500
EQ227	sleep screening system, ambulatory (incl. hardware, software)	5	14877.25
EQ228	sleep screening system, attended (w-resp plethysmography)	5	22000
EQ230	slit lamp (Haag-Streit), dedicated to laser use	10	7435
EQ231	stairs, ambulation training	15	793.67
EQ232	stereo trainer (wheatstone)	7	550
EQ233	strontium-90 applicator	5	6705
EQ234	suction and pressure cabinet, ENT (SMR)	10	3495
EQ235	suction machine (Gomco)	10	743.21
EQ236	telebinocular, ophthalmic	7	1014.33
EQ237	tomographic device, optical coherence (OCT)	7	69950
EQ239	topography unit, corneal (Magellan)	7	13495
EQ240	tourniquet system (Zimmer1200)	7	10220
EQ241	traction system (hi-low table, digital unit, accessories)	10	5654.83
EQ243	treadmill	8	4446.11
EQ244	tympanometer with printer	10	2648.53
EQ245	ultrasonic biometry, A-scan	5	5247.5
EQ246	ultrasonic biometry, A-scan, quantitative	5	21000
EQ247	ultrasonic biometry, B-scan	5	12500
EQ248	ultrasonic biometry, pachymeter	5	3945
EQ249	ultrasound color doppler, transducers and vaginal probe	5	157897
EQ250	ultrasound unit, portable	5	29999
EQ251	ultrasound unit, therapeutic	7	1304.33
EQ255	ultrasound, noninvasive bladder scanner w-cart	5	11450
EQ257	urodynamics system, 4-channel	5	30733
EQ258	urodynamics system, 6-channel, w-video	5	115578
EQ259	uroflowmeter, digital, w-chair	7	3490
EQ260	uterine thermal balloon ablation system (Thermachoice)	7	8500
EQ261	vacuum cart and suction machine	5	722.8
EQ263	vasopneumatic compression system	10	632.48
EQ264	work samples, clerical comprehension (Valpar 5)	7	2680
EQ265	work samples, fine finger dexterity (Valpar 204)	7	725
EQ266	work samples, physical capacity (Valpar 201)	7	725
EQ267	work samples, small tools (Valpar 1)	7	1765
EQ268	cryoablation machine (Her Option)	3	95000
EQ269	blood pressure monitor, ambulatory, w-battery charger	5	1525
EQ271	radiuscope	7	1595
EQ272	sleep diagnostic system, attended (w-acquisition station, review master, (	5	46799
EQ273	catheter, solid state pressure, 6-channel, reusable (Medtronic)	7	12800
EQ274	CEM, looping	5	995
EQ275	compressor, air	10	2195

EQ276	delivery unit (Adec)	10	1995
EQ277	ESWT machine	5	437500
EQ278	handpiece, high speed (Kavo)	10	669
EQ279	handpiece, slow speed, (Midwest)	10	559
EQ280	light assembly, photopheresis	10	1748
EQ281	motility function testing system, polygraf ID, 8-channel (Medtronic)	7	30190
EQ282	PC projector	5	1700
EQ284	reader software, CASCADE (Caldwell Labs)	5	3000
EQ285	speakers, sound field	5	1775
EQ286	system, phonatory function testing	5	7000
EQ287	system, speech anaysis	5	8000
EQ288	ultrasonic cleaning unit	10	895
EQ290	actigraphy, monitoring device	5	1599
EQ291	Air Flow System	5	1100
EQ292	Applicator Base Plate	5	4382
EQ293	Arthroscopic Video Equipment	5	41757
EQ294	BreathTrackerDigital SC Instrument, with support stand and patient sam	8	13726.38
EQ295	camera mount-floor	15	2300
EQ296	cardiac monitor w-treadmill (microvolt t-wave)	10	41680
EQ297	CEM, system	5	209117
EQ298	Coronary CTA Post Process Software	5	65000
EQ299	cross-slide attachment	10	500
EQ300	cryoablation system, fibroadenoma	3	24950
EQ301	cryoablation system, prostate (w-urethral warmer and US support (Galil-E	3	215000
EQ302	cryosurgery system (for tumor ablation)	10	37500
EQ303	dermal imaging software	5	4500
EQ304	dermoscopy attachments	5	650
EQ305	Diabetes education data tracking software	5	500
EQ307	Electrophysiology, Pulmonary Vein Processing Software	5	55000
EQ308	generator, spine, IDET, w-extension cable	5	28299
EQ309	holter analysys system (w-workstation and back-end cost	5	35180
EQ312	INR analysis and reporting system w-software	5	21085
EQ313	insufflator, CO2, system	5	9965
EQ315	Left Ventricular Function Software	5	45000
EQ317	Monitoring Equipment	5	126000
EQ318	monitoring system, nitric oxide, w-computer (Acerine, NIOX)	5	39200
EQ319	nerve conduction monitoring system, testing device (automated)	7	3005
EQ320	pacemaker interrogation, system	5	123250
EQ321	programmer, VAD	5	17950
EQ322	radiofrequency generator (Angiodynamics), liver RFA	5	37500
EQ323	radiofrequency infusion pump (Angiodynamics)	5	5995
EQ324	speakers, sound field (brainstem implant)	5	1775
EQ325	strobe, 400 watts (Studio)(2)	10	1500
EQ326	system, navigational bronchoscopy (superDimension)	5	189327.66
EQ327	topography unit,	7	44000
EQ328	workstation, dual, echocardiography, view/report, w-software,	5	85000
EQ329	ZEPHR impedance / pH reflux monitoring system with data recorder, soft	5	22250
EQ330	EEG, digital, testing system (computer hardware, software & camera)	7	40173
EQ332	Renessa Generator	5	9995
EQ333	Urgent PC Stimulator	7	1500
EQ335	WatchPAT 200 Unit with strap, cables, charger, booklet and patient videc	5	1237.5
EQ336	Oximetry and Airflow Device	5	1195
EQ337	Respiratory Impedance Plethysmography Belts (pair)	5	470

EQ338	slit-lamp adapter	10	820
EQ339	manometry accessory cable	5	1500
EQ340	Patient Worn Telemetry System	3	23537
EQ341	Oscillometry	5	18952.5
EQ343	Radioaerosol Administration System	5	2560.25
EQ344	keratoconus contact lens fitting set	5	899
EQ349	Respiratory impedance Plethysmography Belts (pair) (Pediatric)	5	199.75
EQ351	Smoke Evacuator(tubing, covering, etc.) with stand	5	1130
EQ352	Data receiver	5	20000
EQ353	Pulse oximeter 920 M Plus	7	1418
EQ354	radiofrequency kit for destruction by neurolytic agent	1	2695
EQ355	optical endomicroscope processor unit system	5	
EQ356	kit, probe, radiofrequency, XIi-enhanced RF probe (proxy for catheter, R	5	2695
EQ357	esophageal bougies, set, reusable	5	
EQ358	Sleep capnograph, polysomnography (pediatric)	5	4534.23
EQ359	BIS monitoring system (bioimpedance spectroscopy)	5	3316.93
EQ360	Ocular Response Analyzer	7	12000
EQ361	Flexible dual-channeled EBUS bronchoscope, with radial probe	5	160260
EQ362	HBOT air break breathing apparatus demand system (hoses, masks, per	15	986
EQ363	Block face milling machine	5	18139
EQ364	Glass Knife Breaker	5	9585.14
EQ365	Diamond Milling Tool	5	1714
EQ366	Carbon Coater	5	22540.08
EQ367	VNG Recording System	5	29607.5
EQ368	MIST Therapy Cart	5	1250
EQ369	radiofrequency generator, endoscopy	5	108291.67
EQ370	Breast biopsy software		
EQ371	Breast biopsy device (coil)	10	12238
EQ372	MIST Therapy System	5	28000
EQ373	Applicator (TPV - 200) / Kit	5	9770
EQ374	radiofrequency generator (Gyrus ENT G3 workstation)	5	10000
EQ375	Biopsy Guide	5	7000
EQ376	Knee wedge/foot block system	10	3290
EQ377	Supine Breast/Lung Board	10	5773.15
EQ378	Hysteroscopic fluid management system	5	14698.38
EQ379	Hysteroscopic Resection System (control unit, footpiece, handpiece, she	5	19772.25
EQ380	flow cytometry analytics software	5	14000
EQ381	IV infusion pump, ambulatory	10	2384.45
ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)	2	2243
ER003	HDR Afterload System, Nucletron - Oldelft	7	375000
ER005	IMRT CT-based simulator	5	975000
ER006	IMRT physics tools	5	78600
ER012	barometer, aneroid	7	587.5
ER013	calibration (AAPM ADCL), ion chamber	5	500
ER014	chamber, Farmer-type	7	1169.38
ER016	collimator, medium energy (set of 2)	7	14000
ER019	densitometry unit, fan beam, DXA (w-computer hardward & software)	5	85000
ER022	densitometry unit, peripheral, ultrasound	5	13225
ER024	densitometry unit, whole body, DXA	5	41000
ER025	densitometry unit, whole body, SPA	5	17500
ER026	dose calibration source vial set (Cs137, Co57, and Ba137)	5	1159
ER027	dose calibrator (Atomlab)	5	5496.67
ER028	electrometer, PC-based, dual channel	5	5675

ER030	film dosimetry equipment-software (RIT)	5	30840
ER031	fluoroscopic system, mobile C-Arm	8	73000
ER032	gamma camera system, single-dual head	5	565000
ER033	gamma counter, automatic	7	17665
ER034	hyperthermia system, RF-deep and microwave	5	790353
ER035	hyperthermia system, ultrasound, external	5	360000
ER036	hyperthermia system, ultrasound, intracavitary	5	250000
ER037	intracavitary applicator set (tandem and ovoids)	4	10321.5
ER038	isocentric beam alignment device	5	995
ER039	laser targeting system (4 diodes)	5	10350
ER040	laser, diode, for patient positioning (Probe)	5	18160
ER041	microtome	7	13369
ER043	microtome, ultra	7	34379
ER044	nuclide rod source set	5	1395
ER045	Superficial radiation therapy system	5	216000
ER046	phantom, 3-D	10	1084
ER047	phantom, QCT densitometry	10	5464
ER050	phantom, solid water calibration check	10	2109.5
ER051	phantom, water, includes remote motor drive	10	3070
ER052	radiation L-block shield, 2in lead	10	3822.5
ER053	radiation L-block tabletop shield	10	725
ER054	radiation survey meter	8	756.25
ER055	radiation therapy dosimetry software (Argus QC)	5	21000
ER056	radiation treatment vault	15	773104
ER057	radiation virtual simulation system	5	967000
ER058	safe, storage, lead-lined	15	3850
ER060	source, 10 Ci Ir 192	1	45326
ER061	stepper, stabilizer, template (for brachytherapy treatment)	7	18550
ER062	stirrups (for brachytherapy table)	10	3876
ER063	thyroid uptake system	5	13995
ER064	water bath, thermoplastic softener (20in x 12in)	7	722.36
ER065	water chiller (radiation treatment)	7	25656
ER066	well counter	7	3450
ER068	x-ray, dental, intra-oral	5	3869
ER069	x-ray, dental, panoramic	5	24405
ER070	portal imaging system (w-PC work station and software)	5	489940
ER071	x-ray, dental	5	80000
ER072	64 Slice CT Scanner	5	1860141
ER073	Area Radiation Monitor	8	2026
ER074	AV projection system (integrated headphone, video goggles, transducer,	5	38000
ER075	cardiac coil, 1.5T 8-channel (MR)	5	35400
ER077	image-acquistion software and hardware (Brainwave RealTime, PA, Harc	3	108807
ER079	Power Injector for CT Contrast	5	48150
ER081	Calcium Scoring Software	5	55000
ER082	SRS system, Lincac	7	4350000
ER083	SRS system, SBRT, six systems, average	7	4000000
ER084	T&O Applicator Set	4	57652
ER085	Vag Applicator Set	4	27553
ER086	Ultrasound probe	5	
ER087	Low light camera with zoom	5	5945
ER088	Infrared illuminator	5	
ER089	IMRT accelerator	7	2641783
ER090	Computer system, record and verify, IMRT	5	149027

ER092	ultrasound unit, portable, breast procedures	5	33930
ER094	endoscopic ultrasound processor	5	59925
ER095	transnasal esophagoscope 80K series	5	
ER096	linear detector array	5	31004
ER097	gamma camera system, single-dual head SPECT CT	5	600272
ER099	Video system, Ultrasound (processor, digital capture, monitor, printer, ca	5	13379.57
ER101	Fibroscan with printer	3	183390
ER103	DBT unit	5	381380
ES001	Albarran deflecting bridge, single channel	3	988
ES002	anoscope with light source	3	657.62
ES003	cart, endoscopy imaging equipment	10	2793
ES004	colposcope	8	3946.67
ES005	endoscope disinfector, rigid or fiberoptic, w-cart	7	18802
ES006	endoscope forceps, biopsy	3	1243.33
ES007	endoscope forceps, grasping	3	745.67
ES008	endoscope, rigid, cystoscopy	3	3394
ES009	endoscope, rigid, hysteroscopy	3	6207.5
ES010	endoscope, rigid, laryngoscopy	3	3095.67
ES011	endoscope, rigid, otology	7	2456.88
ES012	endoscope, rigid, sigmoidoscopy	3	841.38
ES013	endoscope, rigid, sinoscopy	7	2414.17
ES014	endoscope, ultrasound probe, balloon sheath	5	5680.4
ES017	fiberscope, flexible, bronchoscopy	3	14175
ES018	fiberscope, flexible, cystoscopy	3	7408.33
ES019	fiberscope, flexible, cystoscopy, with light source	3	9082.5
ES020	fiberscope, flexible, rhinolaryngoscopy	3	4250
ES021	fiberscope, flexible, sigmoidoscopy	3	5803.33
ES022	fiberscope, flexible, ureteroscopy	3	12595
ES023	resectoscope, continuous flow	3	1200
ES024	urethrotome, Otis	4	1697.5
ES025	urethrotome, optical	3	1881
ES026	video add-on camera system w-monitor (endoscopy)	5	9495
ES027	video system, FEES (scope, camera, light source, image capture, monitc	5	21675
ES028	video system, FEESST (scope, sensory stimulator, camera, light source,	5	29550
ES029	video system, capsule endoscopy (software, computer, monitor, printer)	5	12450
ES031	video system, endoscopy (processor, digital capture, monitor, printer, car	5	33391
ES033	videoscope, colonoscopy	3	23650
ES034	videoscope, gastroscopy	3	21598.33
ES037	Forcepts, Landolt bipolar coagulation	5	
ES038	videoscope, endoscopic ultrasound	3	21598.33
ES039	endoscope, rigid, sinoscopy (SECOND SCOPE)	7	2414.17
ES040	PROXY endoscope, rigid, sinoscopy (0 degrees)	7	2414.17
ES041	PROXY endoscope, rigid, sinoscopy (30 degrees)	7	2414.17
ES042	PROXY endoscope, rigid, sinoscopy (70 degrees)	7	2414.17
ES043	Video Sigmoidoscope	7	21500
ES047	IVUS system	5	134025
ES048	femtosecond laser	5	293000
ES049	incision programming software	5	10012.5
ES052	brachytherapy treatment vault	5	175000
ES056	reflectance confocal imaging system	5	98500
ES057	environmental module - bathroom	10	25000
ES058	kit, vision	10	410
ES063	rhinolaryngoscope, flexible, video, non-channeled	3	8000

ES064	rhinolaryngoscope, flexible, video, channeled	3	9000
ES065	stroboscopy system	5	16843.87

Equipment Formula Key

Please note: CMS only uses service and post-service time periods in the usage of equipment. D
items in the pre-service time period

Highly Technical Equipment Formula

- Prepare room, equipment, supplies (CA013)
- Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016)
- Assist physician or other qualified healthcare professional---directly related to physician
  CA019 or CA020) or Perform procedure/service---NOT directly related to physician work
- Clean room/equipment by clinical staff (CA024)
- Technologist QC's images in PACS, checking for all images, reformats, and dose page (CA(

Non-highly Technical Equipment Formula

- Entire service period, **except** for the following:
  - Complete post-procedure diagnostic forms, lab and x-ray requisitions (CA027)
  - Review/read post-procedure x-ray, lab and pathology reports (CA028)
  - Setup scope (nonfacility setting only) (CA015)
  - Clean scope (CA025)
  - Clean surgical instrument package (CA026)

Monitoring Equipment Formula

Please note: there is no longer patient monitoring following moderate sedation; however there
when a patient should be monitored following a procedure. Please use this formula for equipm
procedure monitoring not related to moderate sedation (please see guidelines on monitoring e
package).

- Monitor patient following procedure/service, multitasking 1:4 (CA022)*4 or Monitor pati
  procedure/service, no multitasking (CA023)

Scope Cleaning Formula

Please note: For scopes and related equipment include Clean Scope (CA025) rather than Clean
clinical staff (CA024). Scopes could be considered highly-technical or non-highly technical.

- For non-highly technical scopes include entire service period, **except** for the following:
  - Prepare room, equipment, supplies (CA013)
  - Complete post-procedure diagnostic forms, lab and x-ray requisitions (CA027)
  - Review/read post-procedure x-ray, lab and pathology reports (CA028)
  - Clean room/equipment by clinical staff (CA024)

- Clean room/equipment by clinical staff (CA024)
- Clean surgical instrument package (CA026)

OR

- For highly technical scopes include the following:
  - Setup scope (nonfacility setting only) (CA015)
  - Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016)
  - Assist physician or other qualified healthcare professional---directly related to ph (CA018, CA019 or CA020) or Perform procedure/service---NOT directly related to (CA021)
  - Clean Scope (CA025)

Surgical Instrument Package Cleaning Formula

Please note: For surgical instrument package include Clean surgical instrument package (CA026 room/equipment by clinical staff (CA024)

- Entire service period, **except** for the following:
  - Setup scope (nonfacility setting only) (CA015)
  - Clean room/equipment by clinical staff (CA024)
  - Clean scope (CA025)
  - Complete post-procedure diagnostic forms, lab and x-ray requisitions (CA027)
  - Review/read post-procedure x-ray, lab and pathology reports (CA028)

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work time (CA018,
time (CA021)

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ıent used for post-
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ıysician work time

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Highly Technical Equipment Formula
Non-highly Technical Equipment Formula
Monitoring Equipment Formula
Scope Cleaning Formula
Surgical Instrument Package Cleaning Formula
Other Formula

Equipment Formula Key

Please note: CMS only uses service and pc
items in the pre-service time period

Highly Technical Equipment Formula

- Prepare room, equipment, supplies
- Prepare, set-up and start IV, initial p
- Assist physician or other qualified h
  CA019 or CA020) or Perform proced
- Clean room/equipment by clinical st
- Technologist QC's images in PACS, c

Non-highly Technical Equipment Formula

- Entire service period, **except** for the
  - Complete post-procedure dia
  - Review/read post-procedure
  - Setup scope (nonfacility setti
  - Clean scope (CA025)
  - Clean surgical instrument pa

Monitoring Equipment Formula

Please note: there is no longer patient mo
when a patient should be monitored follo
procedure monitoring not related to mod
package).

- Monitor patient following procedur
  procedure/service, no multitasking

Scope Cleaning Formula

Please note: For scopes and related equip
clinical staff (CA024). Scopes could be con

- For non-highly technical scopes inclu
  - Prepare room, equipment, su
  - Complete post-procedure dia
  - Review/read post-procedure
  - Clean room/equipment by cl
  - Clean surgical instrument pa

- For highly technical scopes include t
  - Setup scope (nonfacility set
  - Prepare, set-up and start IV,
  - Assist physician or other qu
    (CA018, CA019 or CA020) o
    (CA021)
  - Clean Scope (CA025)

Surgical Instrument Package Cleaning Forr
Please note: For surgical instrument packa
room/equipment by clinical staff (CA024)

- Entire service period, **except** for the
  - Setup scope (nonfacility setti
  - Clean room/equipment by cl
  - Clean scope (CA025)
  - Complete post-procedure dia
  - Review/read post-procedure

ost-service time periods in the usage of equipment. Do not include line

(CA013)
positioning and monitoring of patient (CA016)
ealthcare professional---directly related to physician work time (CA018,
dure/service---NOT directly related to physician work time (CA021)
taff (CA024)
hecking for all images, reformats, and dose page (CA030)

following:
agnostic forms, lab and x-ray requisitions (CA027)
x-ray, lab and pathology reports (CA028)
ing only) (CA015)

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nitoring following moderate sedation; however there are other instances
wing a procedure. Please use this formula for equipment used for post-
erate sedation (please see guidelines on monitoring equipment standard

e/service, multitasking 1:4 (CA022)*4 or Monitor patient following
(CA023)

ment include Clean Scope (CA025) rather than Clean room/equipment by
sidered highly-technical or non-highly technical.

ude entire service period, **except** for the following:
upplies (CA013)
agnostic forms, lab and x-ray requisitions (CA027)
x-ray, lab and pathology reports (CA028)
inical staff (CA024)
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OR

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ting only) (CA015)
, initial positioning and monitoring of patient (CA016)
alified healthcare professional---directly related to physician work time
r Perform procedure/service---NOT directly related to physician work time

mula
age include Clean surgical instrument package (CA026) rather than Clean

following:
ing only) (CA015)
inical staff (CA024)

agnostic forms, lab and x-ray requisitions (CA027)
x-ray, lab and pathology reports (CA028)

Tab 05 Supplemental information
Explanation of Utilization Estimates
11102-11107 Skin Biopsy Codes

The SORs for these codes included utilization estimates from the Code Change Proposal. This is the what was in the CCP:

11100 was performed 3,598,177 times in 2016 according to RUC database information
11101 was performed 1,524,883 times in 2016 according to RUC database information

Based upon this information it is estimated that:
11102 will be performed 45%
11103 will be performed 15%
11104 will be performed 25%
11105 will be performed 10%
11106will be performed 4%
11107 will be performed 1%

The AAD was contacted by AMA RUC staff and asked to supply an explanation of the estimates, and perhaps revise the estimates based on the methodology. By combining all codes and taking the percentages of the total, the results look odd when these are split into primary and add-on percentages.

Because these were simply best guesses of the CCP presenters, and because the figures seem peculiar, the RUC expert panel decided to ask the dermatopathology laboratory of a major medical center and a dermatopathology subspecialty society for their estimates of utilization of the different biopsy techniques based on submitted specimens. It was also decided that the ratio of tangential, punch, and excisional should be the same for the primary and add-on codes. Based on the results of those inquiries, these are our revised estimates:

Primary codes:
11102 85% = 3,058,450
11104 14% = 503,745
11106 1% = 35,982

Add-on codes:
11103 85% = 1,296,151
11105 14% = 213,484
11107 1% = 15,249

Based on these estimates and the recommended RVUs, the ratio of total RVUs new codes to existing codes would be 1.070.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2017

Structural Allograft

In February 2017, the CPT Editorial Panel created three new add-on codes to describe allografts. These three new add-on codes were originally accepted by the Panel at the September/ October 2016 RUC meeting, but deferred until CPT 2019 pending specialty submission of add-on code designation and terminology. The codes will be designated as add-on codes and revised to more accurately describe the structural allograft procedures they represent.

20932 ***Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone***

The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: intra-service time of 140 minutes. The RUC reviewed the recommended work RVU of 13.01 which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 13.01, the RUC referenced CPT code 22843 *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments* (work RVU= 13.44, intra-service time of 120 minutes) and noted that both services have similar intra-services and total times and therefore should be valued similarly. The RUC also reviewed CPT code 22844 *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments* (work RVU= 16.42, intra-service time of 150 minutes) and noted that both services have similar intra-service and total times, further supporting a work RVU at the 25th percentile of 13.01 for the survey code. **The RUC recommends a work RVU of 13.01 for CPT code 20932.**

20933 ***Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical)***

The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: intra-service time of 130 minutes. The RUC reviewed the recommended work RVU of 11.94 which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 11.94, the RUC referenced CPT code 22842 *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments* (work RVU= 12.56, intra-service time of 105 minutes) and noted that both services have similar intra-service times, total times, and involve a similar amount of physician work and therefore should be valued similarly. The RUC also reviewed CPT code 22843 *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments* (work RVU= 13.44, intra-service time of 120 minutes)

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and noted that both services have similar intra-service and total times, further supporting a work RVU of 11.94 for the survey code. **The RUC recommends a work RVU of 11.94 for CPT code 20933.**

20934 ***Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical)***
The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: intra-service time of 135 minutes. The RUC reviewed the recommended work RVU of 13.00 which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 13.00, the RUC referenced CPT code 22842 *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments* (work RVU= 12.56, intra-service time of 105 minutes) and noted that both services have similar intra-service times, total times, and involve a similar amount of physician work and therefore should be valued similarly. The RUC also reviewed CPT code 22844 *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments* (work RVU= 16.42, intra-service time of 150 minutes) and noted that both services have similar intra-service and total times, further supporting a work RVU of 13.00 for the survey code. **The RUC recommends a work RVU of 13.00 for CPT code 20934.**

Practice Expense
There are no direct practice expense inputs for CPT codes 20932- 20934. These services are facility-only and do not require any clinical staff pre-service time.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Grafts (or Implants)**				
●✚20932	B1	Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure) (Do not report 20932 in conjunction with 20933, 20934)	ZZZ	13.01

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●✚20933	B2	hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure) (Do not report 20933 in conjunction with 20932, 20934, 20955, 20956, 20957, 20962, 23146, 23156, 24116, 24126, 25126, 25136, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27638, 28103, 28107)	ZZZ	11.94
●✚20934	B3	intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure) (Do not report 20934 in conjunction with 20932, 20933) (Insertion of joint prosthesis may be separately reported) (Use 20932, 20933, 20934 in conjunction with 23200, 23210, 23220, 24150, 24152, 25170, 27075, 27076, 27090, 27091, 27077, 27078, 27365, 27448, 27645, 27646, 27647, 27648, 27704)	ZZZ	13.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20932 Tracking Number B1 Original Specialty Recommended RVU: **13.01**
Presented Recommended RVU: **13.01**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **13.01**

CPT Descriptor: Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During a radical resection of the humerus, a 9-year old male with a proximal humeral osteosarcoma, has a osteoarticular allograft procedure performed. The tumor is resected and a complete proximal humerus osteoarticular allograft is templated, cut and inserted to fill the defect. [Note: This is an add-on code. Only consider the additional work related to fashioning and fixation of the allograft.]

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: N/A

Description of Intra-Service Work: The allograft is sterilely thawed in antibiotic solution in the operating room and inspected. After a radical resection of the osteosarcoma (reported separately), the allograft is brought up to the wound and initial cuts are made to approximate the defect in the proximal humerus. The allograft is temporarily placed in the defect and further cuts are made on the allograft for fit, using a burr and saw to achieve optimal bone apposition. The allograft is then rotated to accommodate the retro-version of the humerus of the patient. When it is determined that the position and length of the allograft is optimal, attention is turned to fixation which is typically accomplished with two plates. The wound will be extended, as necessary, to accommodate the length of the plates. Once fixation is complete and the allograft is stable, the joint is put through a series of maneuvers to assess joint and allograft stability. Imaging is used to confirm final allograft alignment and bone contact.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	John Heiner, MD; William Creevy, MD				
Specialty(s):	AAOS, MSTS				
CPT Code:	20932				
Sample Size:	414	**Resp N:**	49	**Response:** 11.8 %	
Description of Sample:	random selection from society membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**2.00**	4.00	15.00
Survey RVW:	8.00	13.01	**14.22**	16.80	35.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	40.00	110.00	**140.00**	190.00	350.00

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:	20932	**Recommended Physician Work RVU: 13.01**		
		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:		**140.00**		

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
22843	ZZZ	13.44	**RUC Time**

CPT Descriptor Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22844	ZZZ	16.42	**RUC Time**

CPT Descriptor Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (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: 13 **% of respondents:** 26.5 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 20932	Top Key Reference CPT Code: 22843	2nd Key Reference CPT Code: **22844**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	140.00	120.00	150.00
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	**140.00**	**120.00**	**150.00**
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%	46%	31%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	8%	92%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	15%	85%
Urgency of medical decision making	8%	15%	77%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	46%	46%
Physical effort required	15%	54%	31%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	8%	31%	62%
Outcome depends on the skill and judgment of physician	0%	38%	62%
Estimated risk of malpractice suit with poor outcome	23%	62%	15%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	50%	30%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	10%	90%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	10%	90%
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%	30%	70%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	10%	30%	60%
Outcome depends on the skill and judgment of physician	10%	60%	60%
Estimated risk of malpractice suit with poor outcome	20%	70%	10%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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 approved 3 new Category I add-on codes to describe reconstruction of a large bone defect (eg, after resection of a sarcoma) with an allograft from a bone bank.

The American Academy of Orthopaedic Surgeons and the Musculoskeletal Tumor Society conducted a standard RUC survey of a random selection of members from each society membership database. Forty-nine responses were received.

Recommendation

We recommend the survey median work RVU for all three codes: **14.22 for 20932; 13.78 for 20933; and 15.00 for 20934**. The ranking from low to high (33 < 32 < 34) correctly aligns these three codes to each other. Fashioning and fixing a partial hemicortical intercalary allograft (33) is less work than an osteoarticular allograft with contiguous bone (32). Fashioning and fixing a complete cylindrical intercalary allograft (34) is the most intense/complex.

There are no ZZZ global MPC codes above 4.88 to use for comparison, however, the table below provides a list of add-on codes that have been reviewed by the RUC that include a significant amount of work and time. The codes in this table support our recommendations.

CPT	DESCRIPTOR	GLOB	RVW	IWPUT	INTRA MIN
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	ZZZ	**10.13**	0.115	70
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**10.49**	0.102	70
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**11.94**	0.133	90
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**12.40**	0.103	120
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	ZZZ	**12.52**	0.209	60
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**12.56**	0.120	105
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**12.59**	0.106	88
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**13.44**	0.112	120
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**13.78**	0.115	120
20933	Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	ZZZ	**13.78**	0.106	130
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**14.14**	0.107	102
20932	Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	ZZZ	**14.22**	0.102	140
20934	Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	ZZZ	**15.00**	0.111	135

CPT	DESCRIPTOR	GLOB	RVW	IWPUT	INTRA MIN
33523	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)	ZZZ	**16.08**	0.112	110
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**16.42**	0.109	150
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	ZZZ	**27.84**	0.109	255
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	ZZZ	**29.63**	0.165	180

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 209X3 in conjunction with 23200, 23210, 23220, 24150, 24152, 25170, 27075, 27076, 27090, 27091, 27077, 27078, 27365, 27448, 27645, 27646, 27647, 27648, 27704)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999 Unlisted procedure, musculoskeletal system, general

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

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. specialty estimate

Specialty orthopaedic surgery Frequency 2000 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? 200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 200 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:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27479

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20933 Tracking Number B2 Original Specialty Recommended RVU: **11.94**
Presented Recommended RVU: **11.94**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **11.94**

CPT Descriptor: Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)

(Do not report 20933 in conjunction with 20932, 20934, 20955, 20956, 20957, 20962, 23146, 23156, 24116, 24126, 25126, 25136, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27638, 28103, 28107)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During a radical resection of femur operation, a 30-year old male with painful parosteal osteosarcoma of the posterior distal femur has a hemicortical intercalary allograft procedure performed. A resection is performed. A hemicortical intercalary allograft is templated, cut and inserted to fill the bone defect. [Note: This is an add-on code. Only consider the additional work related to fashioning and fixation of the allograft.]

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: N/A

Description of Intra-Service Work: The allograft is sterilely thawed in antibiotic solution in the operating room and inspected. After a radical resection of the osteosarcoma (reported separately), the allograft is brought up to the wound and initial cuts are made to approximate the length of the femur and to adjust the fit into the distal femoral condyles. The allograft is temporarily placed in the defect and further cuts are made on the allograft for fit, using a burr and saw to achieve optimal bone contact. When it is determined that the position and length of the allograft is optimal, attention is turned to fixation which is typically accomplished with two plates. The wound will be extended, as necessary, to accommodate the length of the plates. Once fixation is complete and the allograft is stable, the joint is put through a series of maneuvers to assess joint and allograft stability. Imaging is used to confirm final allograft alignment and bone contact.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	John Heiner, MD; William Creevy, MD				
Specialty(s):	AAOS, MSTS				
CPT Code:	20933				
Sample Size:	414	**Resp N:**	49	**Response:** 11.8 %	
Description of Sample:	random selection from society membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**1.00**	3.00	5.00
Survey RVW:	7.00	11.94	**13.78**	16.00	40.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	60.00	112.00	**130.00**	180.00	317.00

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:	20933	**Recommended Physician Work RVU: 11.94**		
		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:		**130.00**		

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
22843	ZZZ	13.44	**RUC Time**

CPT Descriptor Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22842	ZZZ	12.56	**RUC Time**

CPT Descriptor Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (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: 10 **% of respondents:** 20.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 20933	Top Key Reference CPT Code: 22843	2nd Key Reference CPT Code: **22842**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	130.00	120.00	105.00
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	**130.00**	**120.00**	**105.00**
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%	30%	60%	10%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	10%	90%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	20%	80%
Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	40%	50%
Physical effort required	10%	30%	60%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	10%	20%	70%
Outcome depends on the skill and judgment of physician	10%	20%	70%
Estimated risk of malpractice suit with poor outcome	0%	100%	0%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	14%	40%	29%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	29%	71%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	0%	100%
Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	29%	57%
Physical effort required	0%	71%	29%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	43%	14%	43%
Outcome depends on the skill and judgment of physician	0%	57%	43%
Estimated risk of malpractice suit with poor outcome	29%	71%	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.

The CPT Editorial Panel approved 3 new Category I add-on codes to describe reconstruction of a large bone defect (eg, after resection of a sarcoma) with an allograft from a bone bank.

The American Academy of Orthopaedic Surgeons and the Musculoskeletal Tumor Society conducted a standard RUC survey of a random selection of members from each society membership database. Forty-nine responses were received.

Recommendation

We recommend the survey median work RVU for all three codes: **14.22 for 20932; 13.78 for 20933; and 15.00 for 20934**. The ranking from low to high (33 < 32 < 34) correctly aligns these three codes to each other. Fashioning and fixing a partial hemicortical intercalary allograft (33) is less work than an osteoarticular allograft with contiguous bone (32). Fashioning and fixing a complete cylindrical intercalary allograft (34) is the most intense/complex.

There are no ZZZ global MPC codes above 4.88 to use for comparison, however, the table below provides a list of add-on codes that have been reviewed by the RUC that include a significant amount of work and time. The codes in this table support our recommendations.

CPT	DESCRIPTOR	GLOB	RVW	IWPUT	INTRA MIN
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	ZZZ	**10.13**	0.115	70
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**10.49**	0.102	70
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**11.94**	0.133	90
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**12.40**	0.103	120
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	ZZZ	**12.52**	0.209	60
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**12.56**	0.120	105
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**12.59**	0.106	88
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**13.44**	0.112	120
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**13.78**	0.115	120
20933	Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	ZZZ	**13.78**	0.106	130
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**14.14**	0.107	102
20932	Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	ZZZ	**14.22**	0.102	140
20934	Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	ZZZ	**15.00**	0.111	135

CPT	DESCRIPTOR	GLOB	RVW	IWPUT	INTRA MIN
33523	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)	ZZZ	**16.08**	0.112	110
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**16.42**	0.109	150
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	ZZZ	**27.84**	0.109	255
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	ZZZ	**29.63**	0.165	180

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 209X4 in conjunction with 23200, 23210, 23220, 24150, 24152, 25170, 27075, 27076, 27090, 27091, 27077, 27078, 27365, 27448, 27645, 27646, 27647, 27648, 27704)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999 Unlisted procedure, musculoskeletal system, general

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 orthopaedic 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? 2000
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. specialty estimate

Specialty orthopaedic surgery Frequency 2000 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? 200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 200 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:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27479

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20934 Tracking Number B3 Original Specialty Recommended RVU: **13.00**
Presented Recommended RVU: **13.00**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **13.00**

CPT Descriptor: Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During a radical resection of femur operation, a 21-year old female with a diaphyseal Ewing sarcoma of the femur has a resection performed leaving a 14-cm defect. She has an intercalary allograft procedure performed. A full circumference allograft is templated, cut and inserted to fill the bone defect. [Note: This is an add-on code. Only consider the additional work related to fashioning and fixation of the allograft.]

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: N/A

Description of Intra-Service Work: The allograft is sterilely thawed in antibiotic solution in the operating room and inspected. After a radical resection of the osteosarcoma (reported separately), the allograft is brought up to the wound and initial cuts are made to approximate the defect in the femur. The allograft is temporarily placed in the defect and further cuts are made on the allograft for fit, using a burr and saw to achieve optimal bone apposition on the proximal and distal bone surfaces. The allograft is then rotated so that it is fixed relative to the proximal and distal host bone. When it is determined that the position and length of the allograft is optimal, attention is turned to fixation which is typically accomplished with an intramedullary nail and unicortical plates. The intramedullary nail is typically placed at the proximal end of the femur through a separate incision. Additional incisions are also made for distal screw fixation of the intramedullary nail. Once fixation is complete, all wounds are irrigated and hemostasis is achieved. The proximal wound created for insertion of the intramedullary nail is closed in a layered fashion (closure of the wound for the resection is included in the work of that procedure). Imaging is used to confirm final allograft alignment and bone contact, as well as to check the position of the plates and intramedullary nail.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	John Heiner, MD; William Creevy, MD				
Specialty(s):	AAOS, MSTS				
CPT Code:	20934				
Sample Size:	414	**Resp N:**	49	**Response:** 11.8 %	
Description of Sample:	random selection from society membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	12.00
Survey RVW:	8.00	13.00	**15.00**	17.00	45.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	60.00	105.00	**135.00**	195.00	337.00

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:	20934	**Recommended Physician Work RVU: 13.00**		
		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:		**135.00**		

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
22844	ZZZ	16.42	**RUC Time**

CPT Descriptor Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22842	ZZZ	12.56	**RUC Time**

CPT Descriptor Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (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: 12 **% of respondents:** 24.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 20934	Top Key Reference CPT Code: 22844	2nd Key Reference CPT Code: **22842**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	135.00	150.00	105.00
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	**135.00**	**150.00**	**105.00**
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%	25%	33%	42%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	0%	17%	83%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	17%	83%
Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	8%	42%	50%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	8%	42%	50%
Outcome depends on the skill and judgment of physician	8%	33%	58%
Estimated risk of malpractice suit with poor outcome	25%	67%	8%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	50%	25%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	12%	88%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	0%	100%
Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	13%	75%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	12%	25%	63%
Outcome depends on the skill and judgment of physician	0%	50%	50%
Estimated risk of malpractice suit with poor outcome	12%	63%	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.

The CPT Editorial Panel approved 3 new Category I add-on codes to describe reconstruction of a large bone defect (eg, after resection of a sarcoma) with an allograft from a bone bank.

The American Academy of Orthopaedic Surgeons and the Musculoskeletal Tumor Society conducted a standard RUC survey of a random selection of members from each society membership database. Forty-nine responses were received.

Recommendation

We recommend the survey median work RVU for all three codes: **14.22 for 20932; 13.78 for 20933; and 15.00 for 20934**. The ranking from low to high (33 < 32 < 34) correctly aligns these three codes to each other. Fashioning and fixing a partial hemicortical intercalary allograft (33) is less work than an osteoarticular allograft with contiguous bone (32). Fashioning and fixing a complete cylindrical intercalary allograft (34) is the most intense/complex.

There are no ZZZ global MPC codes above 4.88 to use for comparison, however, the table below provides a list of add-on codes that have been reviewed by the RUC that include a significant amount of work and time. The codes in this table support our recommendations.

CPT	DESCRIPTOR	GLOB	RVW	IWPUT	INTRA MIN
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	ZZZ	**10.13**	0.115	70
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**10.49**	0.102	70
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**11.94**	0.133	90
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**12.40**	0.103	120
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	ZZZ	**12.52**	0.209	60
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**12.56**	0.120	105
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**12.59**	0.106	88
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**13.44**	0.112	120
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**13.78**	0.115	120
20933	Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	ZZZ	**13.78**	0.106	130
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	ZZZ	**14.14**	0.107	102
20932	Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	ZZZ	**14.22**	0.102	140
20934	Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	ZZZ	**15.00**	0.111	135
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or	ZZZ	**16.08**	0.112	110

CPT	DESCRIPTOR	GLOB	RVW	IWPUT	INTRA MIN
	more venous grafts (List separately in addition to code for primary procedure)				
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	ZZZ	**16.42**	0.109	150
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	ZZZ	**27.84**	0.109	255
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	ZZZ	**29.63**	0.165	180

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 209X5 in conjunction with 23200, 23210, 23220, 24150, 24152, 25170, 27075, 27076, 27090, 27091, 27077, 27078, 27365, 27448, 27645, 27646, 27647, 27648, 27704)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999 Unlisted procedure, musculoskeletal system, general

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 orthopaedic 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? 2000
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. specialty estimate

Specialty orthopaedic surgery Frequency 2000 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? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 200 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:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27479

ISSUE: Structural Allograft REVISED 4-28-17

TAB: 6

SOURCE	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE pre	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POS post	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF 2	22843	Posterior segmental instrumentation (eg	13	0.112			13.44			120	0			120			0					
REF 2	22844	Posterior segmental instrumentation (eg	10	0.109			16.42			150	0			150			0					
current	20999	Unlisted procedure, musculoskeletal sys		n/a						0												
SVY	20932	Allograft, includes templating, cutting, pl	49	0.102	8.00	13.01	14.22	16.80	35.00	140	0	40	110	140	190	350	0	0	1	2	4	15
REC	20932	25th pctl		0.093			13.01			140	0			140			0					
REF 1	22843	Posterior segmental instrumentation (eg	10	0.112			13.44			120	0			120			0					
REF 2	22842	Posterior segmental instrumentation (eg	7	0.120			12.56			105	0			105			0					
current	20999	Unlisted procedure, musculoskeletal sys		n/a						0												
SVY	20933	Allograft, includes templating, cutting, pl	49	0.106	7.00	11.94	13.78	16.00	40.00	130	0	60	112	130	180	317	0	0	1	1	3	5
REC	20933	25th pctl		0.092			11.94			130	0			130			0					
22843	22844	Posterior segmental instrumentation (eg	12	0.109			16.42			150	0			150			0					
22842	22842	Posterior segmental instrumentation (eg	8	0.120			12.56			105	0			105			0					
current	20999	Unlisted procedure, musculoskeletal sys		n/a						0												
SVY	20934	Allograft, includes templating, cutting, pl	49	0.111	8.00	13.00	15.00	17.00	45.00	135	0	60	105	135	195	337	0	0	1	2	3	12
REC	20934	25th pctl		0.096			13.00			135	0			135			0					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

+20932 Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)

+20933 Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)

+20934 Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)

Global Period ZZZ Meeting Date: April 2017

*****No Facility Direct Practice Expense Inputs Recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

+20932 Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)

+20933 Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)

+20934 Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)

Global Period ZZZ Meeting Date: April 2017

*****No Non Facility Direct Practice Expense Inputs Recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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:

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2017

Cardiac Event Recorder Procedures

In February 2017, the CPT Editorial Panel created two new codes replacing cardiac event recorder codes to reflect new technology. The Panel also conducted editorial revisions to six codes to clarify *physiologic* monitor and *subcutaneous* cardiac rhythm monitor systems.

33285 ***Insertion, subcutaneous cardiac rhythm monitor, including programming***
The RUC reviewed the survey results from 66 physicians and agreed with the following physician time component: pre-service time of 20 minutes, intra-service time of 10 minutes, and post-service time of 10 minutes. The RUC reviewed the survey 25th percentile work RVU of 1.81 and determined that the survey respondents somewhat overestimated the work required to perform this service. Based on preliminary comments from the RUC, the specialty societies reduced their original recommendations. The specialty societies recommended a direct work RVU crosswalk to CPT code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 1.53, pre-service time of 20 minutes, intra-service time of 10 minutes, and post-time of 10 minutes). The RUC agreed that this value appropriately accounts for the physician work involved, noting that both services have identical work RVUs, intra-service and post-service times, and therefore should be valued similarly. The RUC also reviewed CPT code 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* (work RVU= 1.55, pre-service time of 18 minutes, intra-service time of 11 minutes, and post-service time of 10 minutes) and noted that both services have very similar intra-service times, identical post-service times, and involve a similar amount of physician work, further supporting a work RVU below the 25th percentile of 1.53 for the survey code. The survey code, a 000 global period code, replaces the deleted 090 global period CPT code 33282. **The RUC recommends a work RVU of 1.53 for CPT code 33285.**

33286 ***Removal, subcutaneous cardiac rhythm monitor***
The RUC reviewed the survey results from 66 physicians and agreed with the following physician time component: pre-service time of 20 minutes, intra-service time of 15 minutes, and post-service time of 10 minutes. The RUC reviewed the recommended work RVU of 1.50 which is at 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 CPT code 57452 *Colposcopy of the cervix including upper/adjacent vagina;* (work RVU= 1.50, pre-service time of 15 minutes, intra-service time of 15 minutes, and post-time of 10 minutes) and noted that both services have identical work RVUs, intra-service, and post-service times, and therefore should be valued similarly. The RUC also reviewed CPT code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 1.53, pre-service time of 20 minutes, intra-service time of 10 minutes, and post-time of 10 minutes) and noted that both services have similar intra-service times, identical post-service times and involve a similar amount of physician work, further supporting a work RVU at the 25th percentile of 1.50 for the survey code. The survey code has a slightly higher intra-service time and a slightly lower work value compared to 33285 because

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more intense physician work is required to insert the device than to remove the device from a patient. The survey code, a 000 global period code, replaces the deleted 090 global period CPT code 33284. **The RUC recommends a work RVU of 1.50 for CPT code 33286.**

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 93285, 93290, 93291, 93297, 93298, and 93299 previously submitted after review in this coding cycle. The relativity within the family remains correct.

Practice Expense
The PE Subcommittee reviewed the direct practice expense inputs and made the following minor changes: moved clinical staff time for provide pre-service education/obtain consent from pre-service to service period and removed supply items: shave prep tray (SA067) and heparin (SH039). The PE Subcommittee noted that the device used for this service is a high-cost supply and reiterated the RUC's recommendation that high-cost supplies be separately reimbursable through J-codes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

New Technology/New Services
CPT codes 33285 and 33286 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
Surgery **Cardiovascular System** **Heart and Pericardium** **Cardiovascular Monitoring Services** *Cardiovascular monitoring services…* *Attended surveillance: is…* *Electrocardiographic rhythm derived…* *Mobile cardiovascular telemetry…* ECG rhythm derived elements are distinct from physiologic data, even when the same device is capable of producing both. Implantable				

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cardiovascular physiologic monitor ~~(ICM)~~ device services are always separately reported from implantable cardioverter-defibrillator (ICD) service.

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*

~~Patient-Activated Event Recorder~~ Subcutaneous Cardiac Rhythm Monitor

A subcutaneous cardiac rhythm monitor, also known as a cardiac event recorder or implantable/insertable loop recorder (ILR), is a subcutaneously placed device that continuously records the electrocardiographic rhythm, triggered automatically by rapid, irregular and/or slow heart rates or by the patient during a symptomatic episode. A subcutaneous cardiac rhythm monitor is placed using a small parasternal incision followed by insertion of the monitor into a small subcutaneous pre-pectoral pocket, followed by closure of the incision.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~**D** 33282~~	-	~~Implantation of patient-activated cardiac event recorder (Initial implantation includes programming. For subsequent electronic analysis and/or reprogramming, use 93285, 93291, 93298, 93299)~~	090	~~3.25~~
~~**D** 33284~~	-	~~Removal of an implantable, patient-activated cardiac event recorder~~ (33282, 33284 have been deleted. To report, see 33285, 33286)	090	~~2.75~~
●33285	C1	Insertion, subcutaneous cardiac rhythm monitor, including programming	000	1.53
●33286	C2	Removal, subcutaneous cardiac rhythm monitor (Initial insertion includes programming. For subsequent electronic analysis and/or reprogramming, use 93285, 93291, 93298, 93299)	000	1.50

Medicine
Cardiovascular
Cardiovascular Monitoring Services

★*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*

★*93272* *review and interpretation by a physician or other qualified health care professional*

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(For subcutaneous cardiac rhythm monitoring ~~implanted patient activated cardiac event recording~~, see ~~33282~~ 33285, 93285, 93291, 93298, 93299)

Implantable, Insertable, 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, 93279-93292 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. Do not report 93297-93299, if the monitoring period is less than 10 days.

A service center may report 93296 or 93299 during a period in which a physician or other qualified health care professional performs an in-person interrogation device evaluation. The same individual may not report an in-person and remote interrogation of the same device during the same period. Report only remote services when an in-person interrogation device evaluation is performed during a period of remote interrogation device evaluation. A period is established by the initiation of the remote monitoring or the 91st day of a pacemaker or implantable defibrillator monitoring or the 31st day of monitoring a ~~an implantable loop recorder [ILR]~~ subcutaneous cardiac rhythm monitor or implantable cardiovascular physiologic monitor ~~(ICM) monitoring~~, and extends for the subsequent 90 or 30 days respectively, for which remote monitoring is occurring. Programming device evaluations and in-person interrogation device evaluations may not be reported on the same date by the same individual. Programming device evaluations and remote interrogation device evaluations may both be reported during the remote interrogation device evaluation period.

For monitoring by wearable devices, see 93224-93272.

ECG rhythm derived elements are distinct from physiologic data, even when the same device is capable of producing both. ~~ICM~~ Implantable cardiovascular physiologic monitor ~~device~~ services are always separately reported from implantable defibrillator services. When ~~ILR~~ cardiac rhythm data ~~is~~ are derived from an implantable defibrillator or pacemaker, do not report ~~ILR~~ subcutaneous cardiac rhythm monitor services with pacemaker or implantable defibrillator services.

Do not report 93268-93272 when performing 93260, 93261, 93279-93289, 93291-93296, or 93298-93299. Do not report 93040, 93041, 93042 when performing 93260, 93261, 93279-93289, 93291-93296, or 93298-93299.

The pacemaker and implantable defibrillator interrogation device evaluations, peri-procedural device evaluations and programming, and programming device evaluations may not be reported in conjunction with pacemaker or implantable defibrillator device and/or lead insertion or revision services by the same individual.

The following definitions and instructions apply to codes 93260, 93261, 93279-93299.

Attended surveillance: the immediate availability of a remote technician to respond to rhythm or device alert transmissions from a patient, either

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from an implanted, inserted, or wearable monitoring or therapy device, as they are generated and transmitted to the remote surveillance location or center.

Device, single lead: *a pacemaker or implantable defibrillator with pacing and sensing function in only one chamber of the heart or a subcutaneous electrode.*

Device, dual lead: *a pacemaker or implantable defibrillator with pacing and sensing function in only two chambers of the heart.*

Device, multiple lead: *a pacemaker or implantable defibrillator with pacing and sensing function in three or more chambers of the heart.*

Electrocardiographic rhythm derived elements: *elements derived from recordings of the electrical activation of the heart including, but not limited to heart rhythm, rate, ST analysis, heart rate variability, T-wave alternans.*

Implantable cardiovascular* physiologic *monitor ~~(ICM)~~: an implantable cardiovascular device used to assist the physician or other qualified health care professional in the management of non-rhythm related cardiac conditions such as heart failure. The device collects longitudinal physiologic cardiovascular data elements from one or more internal sensors (such as right ventricular pressure, pulmonary artery pressure, left atrial pressure, or an index of lung water) and/or external sensors (such as blood pressure or body weight) for patient assessment and management. The data are stored and transmitted by either local telemetry or remotely to an Internet-based file server or surveillance technician. The function of the ~~ICM~~ implantable cardiovascular physiologic monitor may be an additional function of an implantable cardiac device (eg, implantable defibrillator) or a function of a stand-alone device. When ~~ICM~~ implantable cardiovascular physiologic monitor functionality is included in an implantable defibrillator device or pacemaker, the ~~ICM~~ implantable cardiovascular physiologic monitor data and the implantable defibrillator or pacemaker, heart rhythm data such as sensing, pacing, and tachycardia detection therapy are distinct and, therefore, the monitoring processes are distinct.

Implantable defibrillator: two general categories of implantable defibrillators exist: transvenous implantable pacing cardioverter-defibrillator (ICD) and subcutaneous implantable defibrillator (SICD). An implantable pacing cardioverter-defibrillator device provides high-energy and low-energy stimulation to one or more chambers of the heart to terminate rapid heart rhythms called tachycardia or fibrillation. Implantable pacing cardioverter-defibrillators also have pacemaker functions to treat slow heart rhythms called bradycardia. In addition to the tachycardia and bradycardia functions, the implantable pacing cardioverter-defibrillator may or may not include the functionality of an implantable cardiovascular physiologic monitor or a subcutaneous cardiac rhythm monitor~~an implantable loop recorder~~. The subcutaneous implantable defibrillator uses a single subcutaneous electrode to treat ventricular tachyarrhythmias. Subcutaneous implantable defibrillators differ from transvenous implantable pacing cardioverter-defibrillators in that subcutaneous implantable defibrillators do not provide antitachycardia pacing or chronic pacing. For subcutaneous implantable defibrillator device evaluation, see 93260, 93261.

~~***Implantable loop recorder (ILR)Subcutaneous cardiac rhythm monitor:*** an implantable or insertable device that continuously records the electrocardiographic rhythm triggered automatically by rapid, irregular, and/or slow heart rates or by the patient during a symptomatic episode. The ILR cardiac rhythm monitor function may be the only function of the device or it may be part of a pacemaker or implantable defibrillator~~

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~~device. The data are stored and transmitted by either local telemetry or remotely to an Internet-based file server or surveillance technician. Extraction of data and compilation or report for physician or qualified health care professional interpretation is usually performed in the office setting.~~

Interrogation device evaluation: an evaluation of an implantable device such as a cardiac pacemaker, implantable defibrillator, implantable cardiovascular physiologic monitor, or subcutaneous cardiac rhythm monitor~~implantable loop recorder~~. Using an office, hospital, or emergency room instrument or via a remote interrogation system, stored and measured information about the lead(s) when present, sensor(s) when present, battery and the implanted device function, as well as data collected about the patient's heart rhythm and heart rate is retrieved. The retrieved information is evaluated to determine the current programming of the device and to evaluate certain aspects of the device function such as battery voltage, lead impedance, tachycardia detection settings, and rhythm treatment settings.

The components that must be evaluated for the various types of implantable or insertable cardiac devices are listed below. (The required components for both remote and in-person interrogations are the same.)

Pacemaker: *Programmed parameters, lead(s), battery, capture and sensing function and heart rhythm.*

Implantable defibrillator: *Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias and underlying heart rhythm.*

Implantable cardiovascular physiologic monitor: Programmed parameters and analysis of at least one recorded physiologic cardiovascular data element from either internal or external sensors.

~~***Implantable loop recorder***~~***Subcutaneous cardiac rhythm monitor:*** Programmed parameters and the heart rate and rhythm during recorded episodes from both patient initiated and device algorithm detected events, when present.

Interrogation device evaluation (remote): a procedure performed for patients with pacemakers, implantable defibrillators, or ~~implantable loop recorders~~ subcutaneous cardiac rhythm monitors using data obtained remotely. All device functions, including the programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias (for implantable defibrillators) and underlying heart rhythm are evaluated.

The components that must be evaluated for the various types of implantable or insertable cardiac devices are listed below. (The required components for both remote and in person interrogations are the same.)

Pacemaker: *Programmed parameters, lead(s), battery, capture and sensing function, and heart rhythm.*

Implantable defibrillator: *Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias, and underlying heart rhythm.*

Implantable cardiovascular physiologic monitor: Programmed parameters and analysis of at least one recorded physiologic cardiovascular

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data element from either internal or external sensors.

~~Implantable loop recorder~~Subcutaneous cardiac rhythm monitor: Programmed parameters and the heart rate and rhythm during recorded episodes from both patient-initiated and device algorithm detected events, when present.

Pacemaker: *an implantable device that provides low energy localized stimulation to one or more chambers of the heart to initiate contraction in that chamber.*

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), sensor(s), and battery in addition to review of stored information, 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 elements from one or more internal sensors (such as right ventricular pressure, left atrial pressure or an index of lung water) and/or external sensors (such as blood pressure or body weight) for patient assessement and management. It does not include ECG rhythm derived data elements.

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 evaluation includes all of the components of the interrogation device evaluation (remote) or the interrogation device evaluation (in person), and it includes the selection of patient specific programmed parameters depending on the type of device.

The components that must be evaluated for the various types of programming device evaluations are listed below. (See also required interrogation device evaluation [remote and in person] components above.)

Pacemaker: *Programmed parameters, lead(s), 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.*

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Implantable defibrillator: *Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias and underlying 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. In addition, ventricular tachycardia detection and therapies are sometimes altered depending on the interrogated data, patient's rhythm, symptoms, and condition.*

***~~Implantable loop recorder~~Subcutaneous cardiac rhythm monitor*:** Programmed parameters and the heart rhythm during recorded episodes from both patient initiated and device algorithm detected events. Often, but not always, the tachycardia and bradycardia detection criteria will be adjusted during a programming evaluation.

~~Implantable loop recorder (ILR)~~Subcutaneous cardiac rhythm monitor: an implantable or insertable device that continuously records the electrocardiographic rhythm triggered automatically by rapid, irregular, and/or slow heart rates or by the patient during a symptomatic episode. The ~~ILR~~ cardiac rhythm monitor function may be the only function of the device or it may be part of a pacemaker or implantable defibrillator device. The data are stored and transmitted by either local telemetry or remotely to an Internet-based file server or surveillance technician. Extraction of data and compilation or report for physician or qualified health care professional interpretation is usually performed in the office setting.

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.*

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*

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(e)▲93285	-	~~implantable loop recorder~~ subcutaneous cardiac rhythm monitor system (Do not report 93285 in conjunction with ~~33282~~ 33285, 93279-93284, 93291)	XXX	0.52 (Affirmed Oct 2016 RUC Recommendation)

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(e) ▲93290	-	implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors *(For heart rhythm derived data elements, use 93289)* *(Do not report 93290 in conjunction with 93297, 93299)*	XXX	0.43 (Affirmed Oct 2016 RUC Recommendation)
(e) ▲93291	-	~~implantable loop recorder~~ subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis (Do not report 93291 in conjunction with ~~33282~~ 33285, 93288-93290, 93298, 93299)	XXX	0.37 (Affirmed Oct 2016 RUC Recommendation)
(e) ▲93297	-	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic 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 *(For heart rhythm derived data elements, use 93295)* *(Do not report 93297 in conjunction with 93290, 93298)* *(Report 93297 only once per 30 days)*	XXX	0.52 (Affirmed January 2017 RUC Recommendation)
(e) ▲93298	-	~~implantable loop recorder~~ subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional (Do not report 93298 in conjunction with ~~33282~~ 33285, 93291, 93297) *(Report 93298 only once per 30 days)*	XXX	0.52 (Affirmed January 2017 RUC Recommendation)

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(e) ▲93299	-	implantable cardiovascular physiologic monitor system or ~~implantable loop recorder~~ subcutaneous cardiac rhythm monitor 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)* *(Report 93299 only once per 30 days)*	XXX	0.00 (PE Only) (Affirmed January 2017 RUC Recommendation)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33285 Tracking Number C1 Original Specialty Recommended RVU: **1.81**
Presented Recommended RVU: **1.53**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **1.53**

CPT Descriptor: Insertion, subcutaneous cardiac rhythm monitor, including programming

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old woman presents with a history of syncopal spells with inconclusive results using various investigations. the patient continues to have distressing symptoms every 3-4 months. a history and physical examination were performed. she was referred for insertion of a subcutaneous cardiac rhythm monitor.

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: A pertinent history is obtained, and physical examination is performed. All laboratory tests, including blood tests, chest X ray, and ECG, are reviewed. The risks and benefits of and alternatives to the procedure are discussed with the patient and family, and informed consent is obtained. The history, physical examination, and subsequent discussion are documented in the patient's medical record. A peripheral intravenous line may be placed for administration of conscious sedation, antibiotics, or other medications during the procedure, as needed. The patient is prepared for the procedure using standard sterile technique, and the surgical site and surrounding area are cleaned with an antimicrobial agent. An intravenous line may be placed for conscious sedation, antibiotics, or other medications as needed. Drapes are then placed to create a sterile field. Local anesthetic is the injected into the skin and subcutaneous tissue, and a 1-2 cm skin incision is made. Additional local anesthetic is placed in the subcutaneous plane as needed for patient comfort during the procedure.

Description of Intra-Service Work: Using blunt dissection, a subcutaneous pocket the size and shape of the cardiac rhythm monitor is created using a specifically designed insertion tool or surgical instrument. Hemostasis is maintained using standard techniques. The cardiac rhythm monitor is then inserted into the pocket with an insertion tool or manually. The ECG signal quality and amplitude are verified by placing the programmer head in a sterile sleeve over the device, establishing telemetry. The waveform is evaluated on the programmer screen, and the gain is adjusted to optimize waveform amplitude. The incision is then closed with adhesive strips, surgical glue, staples, or subcuticular absorbable sutures, as needed. The wound is dressed, the cardiac rhythm monitor is programmed using a pacemaker programmer, and recording is initiated.

Description of Post-Service Work: The results of the procedure are reviewed with the patient, and the patient is educated on the operation of the subcutaneous cardiac rhythm monitor and home monitoring system, and the plan for follow-up of information provided by the monitor. Standard post-procedure care and follow-up procedures are reviewed with the patient and all questions answered.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	33285		
Sample Size:	1000	**Resp N:** 66	**Response:** 6.6 %
Description of Sample:	random sample of 500 HRS members; random sample of applicable subset of 500 ACC members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	11.00	**20.00**	38.00	150.00
Survey RVW:	0.30	1.81	**2.35**	2.58	10.00
Pre-Service Evaluation Time:			**32.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	2.00	9.00	**10.00**	15.00	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	33285	**Recommended Physician Work RVU: 1.53**		
		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:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**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)

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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36569	000	1.82	**RUC Time**

CPT Descriptor Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36556	000	2.50	**RUC Time**

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
52000	000	1.53	**RUC Time**	902,230

CPT Descriptor 1 Cystourethroscopy (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	7,497

CPT Descriptor 2 Colposcopy of the cervix including upper/adjacent vagina

Other Reference CPT Code	Global	Work RVU	Time Source
62322	000	1.55	**RUC Time**

CPT Descriptor 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

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:** 39.3 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 26.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 33285	Top Key Reference CPT Code: 36569	2nd Key Reference CPT Code: **36556**
Median Pre-Service Time	20.00	25.00	25.00
Median Intra-Service Time	10.00	20.00	15.00
Median Immediate Post-service Time	10.00	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	**40.00**	**55.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	4%	8%	42%	33%	13%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	13%	17%	70%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	21%	79%
Urgency of medical decision making	46%	33%	8%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	46%	29%
Physical effort required	29%	54%	17%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	75%	25%	0%
Outcome depends on the skill and judgment of physician	29%	54%	17%
Estimated risk of malpractice suit with poor outcome	58%	25%	17%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	50%	44%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	19%	81%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	19%	81%
Urgency of medical decision making	38%	31%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	69%	25%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	44%	44%	12%
Outcome depends on the skill and judgment of physician	6%	63%	31%
Estimated risk of malpractice suit with poor outcome	37%	31%	32%

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 technology for patient-activated implantable loop recorders has evolved, changing the technique used to implant the recorders and the amount of physician work involved. CPT approved a code change proposal creating new codes that more accurately describe the work of placing and removing the smaller recorders. That CCP deletes existing codes 33282 and 33824. It is also possible the site of service for some of these procedures may shift from the facility to the office, though for now it is still typically performed in the facility, and we have prepared direct PE recommendations accordingly. Finally, given the less invasive implantation, possible shift in site of service, and ongoing uncertainty around global periods, the new codes were surveyed as 000 global services, while the existing codes are 090 global services.

33285 describes the work of inserting a subcutaneous rhythm monitor. A joint RVS panel of ACC and HRS physicians familiar with the services reviewed the survey data. The survey was robust and completed by physicians who have experience with the services.

Survey respondents identified PICC line insertion code 36569 as the key reference service. 36569 has more preservice and intraservice time, but does have similarities in execution. Respondents who selected 36569 as their reference service generally found 33285 to be overall identical or somewhat more intense/complex than 36569. The second key reference service was central line insertion, code 36556. Respondents who selected 36556 as their reference service generally found 33285 to be overall identical or somewhat more intense/complex than 36556.

While we believe there are some similarities between 33285 and the reference codes, the reference codes have longer procedure times and are not services commonly performed by cardiologists. With those differences in mind and in light of reviewer comments highlighting this issue, **the societies recommend a work RVU of 1.53, a direct crosswalk to MPC code 52000 for cystourethroscopy, with 20 minutes preservice for a straightforward patient/procedure in a facility, 10 minutes intraservice time from the survey median, and 10 minutes postservice time for a local/simple procedure with 8 minutes removed, consistent with the survey median postservice time.** These times are also a direct crosswalk to 52000. To support this recommendation, 33285 is compared in the revised summary spreadsheet to slightly higher valued and longer MPC code 54150 for circumcision, as well as interlaminar injection code 62322 that 1 more minute intraservice time but 1 less minute total 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) 33282

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 cardiovascular electrophysology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 140000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming an even split of Medicare an even split of Medicare and non-Medicare beneficiaries, this estimate is double the Medicare estimate.

Specialty cardiology Frequency 76000 Percentage 54.28 %

Specialty cardiac electrophysiology Frequency 54000 Percentage 38.57 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 70,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. In recent years utilization has grown roughly 10,000 annually. If that trend continues, 70,000 services in 2019 may be performed based on PFS data.

Specialty cardiology Frequency 38000 Percentage 54.28 %

Specialty cardiac electrophysiology Frequency 27000 Percentage 38.57 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

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. 33282

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33286 Tracking Number C2 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **1.50**

CPT Descriptor: Removal, subcutaneous cardiac rhythm monitor

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44-year-old woman presents with a history of syncopal spells, the cause of which was recently diagnosed using a subcutaneous cardiac rhythm monitor. a history and physical examination were performed. the procedure, indications, potential complications, and alternatives were explained to the patient who appeared to understand and indicated the same. an opportunity for questions was provided and informed consent obtained.

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: The nature of the procedure, along with its risks and benefits, are reviewed with the patient, and a pertinent history and physical examination are performed. Pertinent laboratory tests are reviewed, and informed consent is obtained. The history, physical examination, and discussion are documented in the patient's medical record. The patient is prepared for the procedure using standard, sterile technique. The previously placed subcutaneous cardiac rhythm monitor is located by palpitation and/or fluoroscopy. The surgical site and surrounding area are cleaned and prepared with an antimicrobial solution, and drapes are placed to create a sterile field.An intravenous line may be placed for conscious sedation, antibiotics, or other medications as needed. Local anesthetic is injected into the skin and subcutaneous fat.

Description of Intra-Service Work: A 1-2 cm incision is made through the previous implant incision. The operator tunnels under the skin to locate the device which typically migrates significantly from the site of original implant. Once located, extensive adhesions are debrided in order to free the device for removal. Any sutures anchoring the recorder to the subcutaneous tissue are cut, and the device is removed from the pocket. Hemostasis of the pocket and tunnel is achieved. The pocket and tunnel are flushed and closed with adhesive strips, surgical glue, staples, or subcuticular sutures as needed. The wound is dressed.

Description of Post-Service Work: The results of the procedure are reviewed with the patient along with standard postoperative care and follow-up procedures. All questions are answered.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	33286		
Sample Size:	1000	**Resp N:** 66	**Response:** 6.1 %
Description of Sample:	random sample of 500 HRS members; random sample of applicable subset of 500 ACC members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	15.00	135.00
Survey RVW:	0.50	1.50	**2.00**	2.95	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**6.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	33286	**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:		**13.00**	**13.00**	**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:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36569	000	1.82	**RUC Time**

CPT Descriptor Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36556	000	2.50	**RUC Time**

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
52000	000	1.53	**RUC Time**	902,230

CPT Descriptor 1 Cystourethroscopy (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	7,497

CPT Descriptor 2 Colposcopy of the cervix including upper/adjacent vagina

Other Reference CPT Code	Global	Work RVU	Time Source
12004	000	1.44	**RUC Time**

CPT Descriptor Laryngoscopy, flexible; with biopsy(ies)

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:** 34.4 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 27.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 33286	Top Key Reference CPT Code: 36569	2nd Key Reference CPT Code: **36556**
Median Pre-Service Time	20.00	25.00	25.00
Median Intra-Service Time	10.00	20.00	15.00
Median Immediate Post-service Time	10.00	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	**40.00**	**55.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	5%	19%	29%	38%	9%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	34%	43%	23%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	44%	29%	27%
Urgency of medical decision making	43%	43%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	48%	33%
Physical effort required	19%	38%	43%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	76%	24%	0%
Outcome depends on the skill and judgment of physician	33%	57%	10%
Estimated risk of malpractice suit with poor outcome	67%	33%	0%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	6%	12%	47%	24%	11%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	41%	35%	24%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	35%	24%	41%
Urgency of medical decision making	64%	18%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	53%	35%
Physical effort required	6%	71%	23%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	53%	41%	6%
Outcome depends on the skill and judgment of physician	41%	41%	18%
Estimated risk of malpractice suit with poor outcome	47%	29%	24%

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.

33286 describes the work of explanting the implantable loop recorder that is placed using previous code 33285. Similar to the previous code, it is anticipated that some of these procedures may move to the non-facility setting. Survey respondents identified the same primary and secondary key reference services for the explant code as the implant code, PICC line insertion 36569 and central line insertion 36556. Most respondents who selected these references services found 33286 to be identical or slightly more intense/complex overall, though a greater share did view 33286 as somewhat less intense/complex. This aligns with the lower work value survey respondents estimated for 33286 versus 33285.

The societies recommend a work RVU of 1.50, the survey 25th-percentile value, with 20 minutes preservice for a straightforward patient/procedure in a facility, 15 minutes intraservice time from the survey median, and 10 minutes postservice time for a local/simple procedure with 8 minutes removed, consistent with the survey median postservice time. While counterintuitive at first, this recommendation for more time but less work in comparison to the insertion code is sensible—extraction takes longer but does not require the same degree of mental effort or psychological stress as insertion. This is demonstrated when one looks at the key reference code comparisons between the two surveys—though it is not necessarily the same respondents who chose each code, the trend is evident. To support this this recommendation, 33286 is compared to codes with similar times and values, as displayed 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) 33284

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 cardiovascular electrophysology How often? Commonly

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. Assuming an even split of Medicare an even split of Medicare and non-Medicare beneficiaries, this estimate is double the Medicare estimate.

Specialty cardiology Frequency 14700 Percentage 49.00 %

Specialty cardiac electrophysiology Frequency 12400 Percentage 41.33 %

Specialty Frequency Percentage %

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. If the recent growth trend continues, 15,000 services in 2019 may be performed based on PFS data.

Specialty cardiology Frequency 7350 Percentage 49.00 %

Specialty cardiac electrophysiology Frequency 6200 Percentage 41.33 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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. 33284

SS Rec Summary

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Subcutaneous Cardiac Rhythm Monitors

TAB: 7

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	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	36569	Insertion of peripherally inserte	24	0.055			1.82			55	15	5	5			20			10															
2nd REF	36556	Insertion of non-tunneled centra	16	0.119			2.50			50	15	5	5			15			10															
CURRENT	33282	Implantation of patient-activated		0.037			3.25			102	14	1	5			25			15					0.5		1								
SVY	33285	Insertion, subcutaneous cardiac	66	0.122	0.30	1.81	2.35	2.58	10.00	67	32	5	10	2	9	10	15	40	10										0	11	20	38	150
REC	33285	Insertion, subcutaneous cardiac		0.094			1.53			40	13	1	6			10			10														
MPC	52000	Cystourethroscopy (separate pr		0.093			1.53			40	10	5	5			10			10														
MPC	57452	Circumcision, using clamp or ot		0.063			1.50			40	15					15			10														
COMP	62322	Injection(s), of diagnostic or the		0.090			1.55			39	10	3	5			11			10														

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	36569	Insertion of peripherally inserte	21	0.055			1.82			55	15	5	5			20			10															
2nd REF	36556	Insertion of non-tunneled centra	17	0.119			2.50			50	15	5	5			15			10															
CURRENT	33284	Removal of an implantable, pati		0.027			2.75			92	14	1	5			20			10					0.5		1								
SVY	33286	Removal, subcutaneous cardiac	66	0.067	0.50	1.50	2.00	2.95	10.00	66	25	6	10	3	10	15	20	40	10										0	3	10	15	135
REC	33286	Removal, subcutaneous cardiac		0.061			1.50			45	13	1	6			15			10														
MPC	52000	Cystourethroscopy (separate pr		0.093			1.53			40	10	5	5			10			10														
MPC	57452	Colposcopy of the cervix includ		0.063			1.50			40	15					15			10														
MPC	12004	Laryngoscopy, flexible; with bio		0.070			1.44			29	5	1	1			17			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: 33285-86
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Insertion, subcutaneous cardiac rhythm monitor, including programming

Global Period: 000 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 Practice Expense Committee: A specialty panel representing ACC & 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: To develop facility inputs, we compared 33285 to existing code 33282. Since we anticipate 33285 to be a 000 global while 33282 was a 090 global, we removed the standard 090 inputs and instead used the standardized inputs for minimal use of clinical staff in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Clinical staff complete pre-service diagnostic and referral forms, coordinate pre-surgery services, schedule space and equipment in facility~~, and provide pre-service education/consent~~.

Intra-Service Clinical Labor Activities:

n/a

Post-Service Clinical Labor Activities:

n/a

CPT Code: 33285-86
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Removal, subcutaneous cardiac rhythm monitor

Global Period: 000 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 Practice Expense Committee: A specialty panel representing ACC & 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: To develop facility inputs, we compared 33286 to existing code 33284. Since we anticipate 33286 to be a 000 global while 33284 was a 090 global, we removed the standard 090 inputs and instead used the standardized inputs for minimal use of clinical staff.

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:

Clinical staff complete pre-service diagnostic and referral forms, coordinate pre-surgery services, schedule space and equipment in facility, and provide pre-service education/consent.

Intra-Service Clinical Labor Activities:

n/a

Post-Service Clinical Labor Activities:

n/a

CPT Code: 33285-86
Specialty Society ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 33285: Insertion, subcutaneous cardiac rhythm monitor, including programming

Global Period: 000 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: A specialty panel representing ACC & 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 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: To develop non-facility inputs, we compared 33285 to PICC line insertion code 36569. Both services involve placing a foreign body inside a patient. This seemed a reasonable comparator for this exercise.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: The panel recommends the use of standard inputs for extensive use of clinical staff preservice time in the non-facility setting with reductions to align with the recommendations for minimal use of clinical staff in the facility. Clinical staff spend time with the patient completing activities in each of these categories—completing pre-service services, coordinating pre-procedure services, providing education/obtaining consent, and completing pre-procedure phone calls. No time is necessary for scheduling.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: n/a

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: n/a

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: Clinical staff complete pre-service diagnostic and referral forms, coordinate pre-surgery services, ~~and provide pre-service education/consent~~.

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical greet the patient and prepare the room.

Intra-Service (of Service Period): Clinical staff provide education and consent. Clinical staff assist the physician during the device implant, passing sterile supplies to scrubbed operator.

Post-Service (of Service Period): Clinical staff clean the room.

Post-Service Period Clinical Activities: 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 assist the physician during the device implant, passing sterile supplies to scrubbed operator.

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: Invoices are included for a subcutaneous cardiac rhythm monitor system.

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: An exam table and exam light will be used for the entire clinical staff service period of 18 minutes per the non-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: Below are the shave and suture trays for reference.

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)			

tray, suturing	**SA069**	**tray**	**8.993**
(1) CSR overwrap, (1) Halsey floor grade 5" needle holder, (1) floor grade straight 4>5" ins scissors, (1) adson tissue forceps, (2) medicine cups 2oz., (8) 4" x 4" gauze sponges, (5) 2" x 2" gauze sponges, (1) polylined fenstrated drape, (1) absorbent towel.			

16. If there is any other item on your spreadsheet that needs further explanation please include here: n/a

CPT Code: 33285-86
Specialty Society ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 33286: Removal, subcutaneous cardiac rhythm monitor

Global Period: 000 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: A specialty panel representing ACC & 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 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: To develop non-facility inputs, we compared 33286 to removal of tunneled central venous access device code 36590. Both services involve removing a foreign body inside a patient. This seemed a reasonable comparator for this exercise.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: The panel recommends the use of standard inputs for extensive use of clinical staff preservice time in the non-facility setting with reductions to align with the recommendations for minimal use of clinical staff in the facility. Clinical staff spend time with the patient completing activities in each of these categories—completing pre-service services, coordinating pre-procedure services, providing education/obtaining consent, and completing pre-procedure phone calls. No time is necessary for scheduling.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: n/a

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: n/a

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: Clinical staff complete pre-service diagnostic and referral forms, coordinate pre-surgery services, ~~and provide pre-service education/consent~~.

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical greet the patient and prepare the room.

Intra-Service (of Service Period): Clinical staff provide education and obtain consent. Clinical staff assist the physician during the device explant, passing sterile supplies to scrubbed operator.

Post-Service (of Service Period): Clinical staff clean the room.

Post-Service Period Clinical Activities: 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 assist the physician during the device explant, passing sterile supplies to scrubbed operator.

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:

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: An exam table and exam light will be used for the entire clinical staff service period of 23 minutes, per the non-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: Below are the shave and suture trays for reference.

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)			

tray, suturing	**SA069**	**tray**	**8.993**
(1) CSR overwrap, (1) Halsey floor grade 5" needle holder, (1) floor grade straight 4>5" ins scissors, (1) adson tissue forceps, (2) medicine cups 2oz., (8) 4" x 4" gauze sponges, (5) 2" x 2" gauze sponges, (1) polylined fenstrated drape, (1) absorbent towel.			

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	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***			**36569**		**33282**		**33285**		**36590**		**33284**		**33286**	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 7** **Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
11		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
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				5	3	3	3	3		5	3	3
18	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA				20	3	3		3		20	3	3
19	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA				8	0	3		3		8	0	3
20	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3			20	0	0	3	3		20	0	0
21	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	3			7	0	0	3	3		7	0	0
22	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA												
23	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA												
24	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA												
25			L037D	RN/LPN/MTA												
26			L037D	RN/LPN/MTA												
27			L037D	RN/LPN/MTA												
28		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA												
29		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA												
30		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA												
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	L037D	RN/LPN/MTA	3				3		3				3	
36	CA010	Obtain vital signs	L037D	RN/LPN/MTA												
37	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA					3						3	
38	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA												
39	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	2				2		2				2	
40	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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**			**36569**		**33282**		**33285**		**36590**		**33284**		**33286**	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 7 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
41	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA												
42	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA												
43	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
44			L037D	RN/LPN/MTA												
45			L037D	RN/LPN/MTA												
46			L037D	RN/LPN/MTA												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***			**36569**		**33282**		**33285**		**36590**		**33284**		**33286**	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 7 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
47		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA												
48		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA												
49		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA												
50		**Intra-service (of service period)**														
51	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	20				10						15	
52	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA							20					
53	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA												
54	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA												
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA												
63	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA												
64	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3				3		3				3	
65	CA025	Clean scope	L037D	RN/LPN/MTA												
66	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA												
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA												
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA												
69	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA												
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA												
71	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA												
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA												
73	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***			**36569**		**33282**		**33285**		**36590**		**33284**		**33286**	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 7** **Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA												
75	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA												
76	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**	**6**	**n/a**	
77	CA036	Discharge day management	L051A	RN	**n/a**		**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**	**6**	**n/a**	
84		**End: Patient leaves office**														

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***			**36569**		**33282**		**33285**		**36590**		**33284**		**33286**	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 7 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
85		**POST-SERVICE PERIOD**														
86		**Start: Patient leaves office/facility**														
87	CA037	Conduct patient communications	L037D	RN/LPN/MTA		3										
88	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA												
89		***Office visits: List Number and Level of Office Visits***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
90		99211 16 minutes	16													
91		99212 27 minutes	27								1	1				
92		99213 36 minutes	36					1						1		
93		99214 53 minutes	53													
94		99215 63 minutes	63													
95	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
102		**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
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***			**36569**		**33282**		**33285**		**36590**		**33284**		**33286**	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 7** **Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
103	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
104	SA048	pack, minimum multi-specialty visit	1.143	pack	1			1	1		2			1	1	
105	SA052	pack, post-op incision care (staple)	5.056	unit				1	0					1	0	
106	SA016	kit, guidewire introducer (Micro-Stick)	23	kit	2				0						0	
107	SA067	tray, shave prep	1.812	tray	1				0		1				0	
108	SA069	tray, suturing	8.993	tray	1				1		1				1	
109	SB001	cap, surgical	0.209	item	1				2		1				2	
110	SB007	drape, sterile barrier 16in x 29in	0.494	item	1				0						0	
111	SB024	gloves, sterile	0.84	pair	1				2		1				2	
112	SB027	gown, staff, impervious	1.186	item	1				2		1				2	
113	SB034	mask, surgical, with face shield	1.199	item	1				2		1				2	
114	SB039	shoe covers, surgical	0.338	pair	1				2		2				2	
115	SC029	needle, 18-27g	0.089	item	1				2		2				2	
116	SC052	syringe 1ml	0.14	item	1				0		1				0	
117	SC055	syringe 3ml	0.096	item	1				0		1				0	
118	SD022	catheter, CVA, peripheral, without port-pump	70.625	item	1				0						0	
119	SF033	scalpel with blade, surgical (#10-20)	0.694	item	1				0		1				1	
120	SF040	suture, vicryl, 3-0 to 6-0, p, ps	7.852	item	1				1		1				1	
121	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item	1				0						0	
122	SG055	gauze, sterile 4in x 4in	0.159	item	3				2		2				2	
123	SG079	tape, surgical paper 1in (Micropore)	0.002	inch	12				0		12				0	
124	SH039	heparin 1,000 units-ml inj	0.193	ml	5				0						0	
125	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	1				20		1				20	
126	SH065	sodium chloride 0.9% flush syringe	0.811	item	1				1		1				1	
127	SJ028	hydrogen peroxide	0.003	ml	20				0		20				0	
128	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.04	item					1						1	
129	SJ041	povidone soln (Betadine)	0.008	ml	10				0						0	
130	SJ046	silver nitrate applicator	0.07	item	10				0		1				0	
131	SJ053	swab-pad, alcohol	0.013	item	2				1		2				1	
132	SK075	skin marking pen, sterile (Skin Skribe)	1.048	item					1						0	
133	SC051	syringe 10-12ml	0.184	item					1						1	
134	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item					1						1	
135	SD169	forceps, Kelly	2.335	item					1						1	
136	SD226	forceps, sterile, blunt tip, polystyrene	0.645	item					1						1	
137	NEW	*needle holder, Mayo Hegar, 6"*	3.03	unit					0						0	
138	NEW	*subcutaneous cardiac rhythm monitor system*	TBD	unit					1						0	

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice Expense Spreadsheet				REFERENCE CODE		CURRENT		RECOMMENDED		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**			36569		33282		33285		36590		33284		33286	
3		***RUC Collaboration Website***			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or		Implantation of patient-activated cardiac event recorder		Insertion, subcutaneous cardiac rhythm monitor, including programming		Removal of tunneled central venous access device, with subcutaneous port or		Removal of an implantable, patient-activated cardiac event recorder		Removal, subcutaneous cardiac rhythm monitor	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 7 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**												
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**													
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**34.0**	**3.0**	**0.0**	**102.0**	**27.0**	**9.0**	**64.0**	**48.0**	**0.0**	**102.0**	**32.0**	**9.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**6.0**	**0.0**	**0.0**	**60.0**	**6.0**	**9.0**	**9.0**	**15.0**	**0.0**	**60.0**	**6.0**	**9.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**0.0**	**6.0**	**21.0**	**0.0**	**28.0**	**6.0**	**0.0**	**6.0**	**26.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**36.0**	**0.0**	**0.0**	**27.0**	**27.0**	**0.0**	**36.0**	**0.0**	**0.0**
139	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**												
140	EF023	table, exam	1338.17	Non-highly Technical Equipment Formula	30			36.0	21.0		129	27		36.0	26.0	
141	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula	30				21.0		129	27			26.0	
142		*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

---

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

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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 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

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical 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

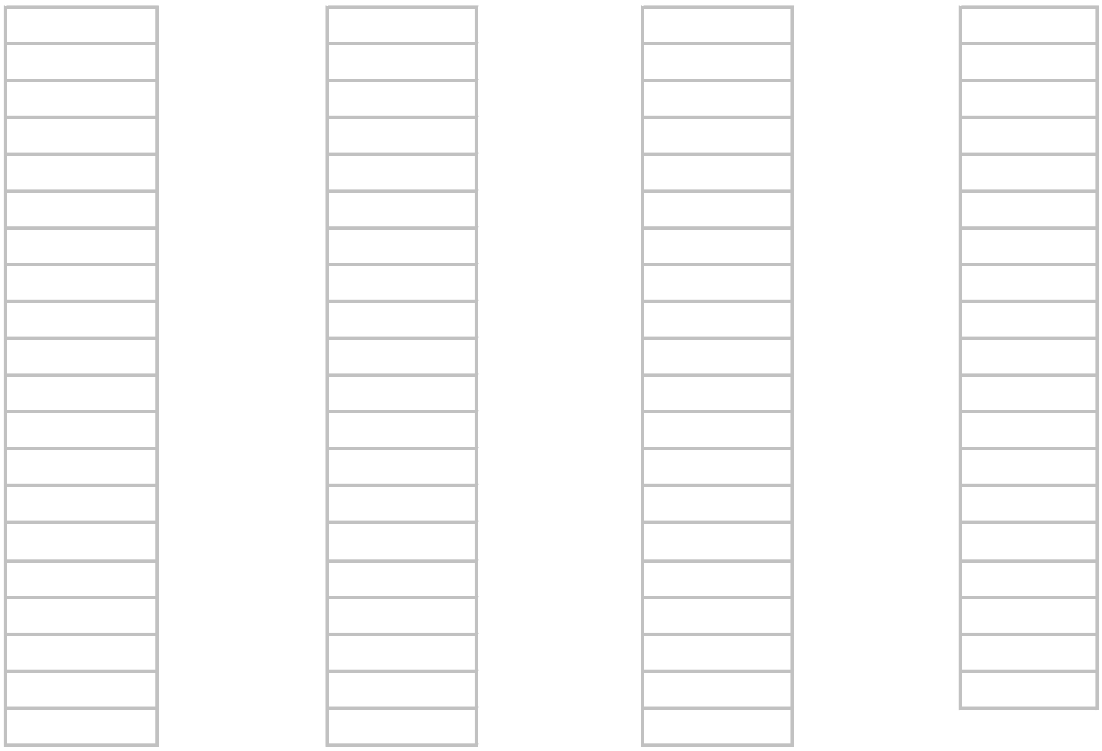
Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93224	External electrocardiographic re	25	0.021			0.52			24	2					15			7
2nd REF	93750	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, 9329, 93297 & 93298)**

The specialty societies indicated and the RUC agreed that the survey respondents may have based their responses on a single transmission and not all transmissions for the 30-90 days as described. **The specialty society will resurvey the remote monitoring codes 93293, 93294, 9329, 93297 and 93298 with specific instructions vetted via the Research Subcommittee directing survey respondents to account for the work and time required for all transmissions provided. These services will be resurveyed in January 2017 and will be included in the same cycle, CPT 2018.**

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Practice Expense

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made the following modifications:

1) Reduced vital signs from 5 to 3 minutes;
2) Reduced the assist anting the physician in performing the procedure to line 35 to reflect the physician intra-service time was at least the clinical staff intra-time or more ;
3) Revised the PE SORs to clearly distinguish the different activities of the two clinical staff on lines 44 and 45 as they are completing different forms and performing different work;
4) Adjusted all the equipment by a couple minutes based on the changes in intra-service time; and
5) Discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. **The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93279 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	XXX	0.65 (No Change)

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93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	XXX	0.77 (No Change)
93281 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	XXX	0.85
93282 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	XXX	0.85 (No Change)
93283 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	XXX	1.15 (No Change)
93284 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	XXX	1.25 (No Change)
93285(f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	XXX	0.52 (No Change)

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93286 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	XXX	0.30 (No Change)
93287 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	XXX	0.45 (No Change)
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	XXX	0.43 (No Change)
93289 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	XXX	0.75
93290 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	XXX	0.43 (No Change)
93291 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	XXX	0.37

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93292 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	XXX	0.43 (No Change)
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	XXX	Survey for January 2017 (2016: 0.32)
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 0.65)
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 1.29)
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only
93297 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 0.52)

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93298 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 0.52)
93299 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only

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Overview

CMS identified several cardiac device monitoring services in CY 2016 PFS rulemaking—93280, 93288, 93293, 93294, 93295, and 93296—as potentially misvalued on its high-expenditure screen. Consistent with RUC policy, the societies expanded the review to include the entire family of cardiac device monitoring codes—19 codes with work and PE and 2 PE-only codes.

Motivated by the difficulty of surveying this many codes at once, but also a need for survey respondents to review all codes in an effort to ensure appropriate rank order, the societies sought and received Research Subcommittee approval for an alternative survey methodology. Survey respondents completed traditional RUC surveys of three benchmark services in the family—93280 (Dual pacemaker programming evaluation), 93283 (Dual ICD programming evaluation), and 93298 (30-day remote implantable loop recorder interrogation). These codes were selected because they are commonly performed and well understood, encompassing the two main devices—pacemakers and ICDs—and the two types of services—in-office programming and remote interrogation. Respondents were then taken to a table of all 19 codes divided into groups by service similarity. Time and work RVU responses from the three comprehensive surveys were transferred into that table. Survey respondents then completed the table for pre-service, intra-service, post-service times, and work RVUs. During this step, respondents also could adjust their responses from the three benchmark surveys. That survey tool is included in Tab 25 materials.

The societies also requested Research Subcommittee review of the RSL and vignettes. The Subcommittee supported the range of the RSL and appreciated the mix of MPC services. With the entire, large code-family being surveyed at once, we appreciated the Subcommittee's suggestions and applied their revisions.

Survey respondents generally appear to have understood the exercise of constructing rank order within the smaller groupings and for the most part these fit together within the larger family. However, there are exceptions where either rank order within a device family rank order across device families does not perfectly align. We identified some of these in our initial submission. Others were pointed out by preliminary reviewers. We have made some modifications to our initial recommendations in an attempt to more carefully address these inconsistencies. This rank order (as shown in Table 1) reflects the increasing intensity and decision-making complexity of these services.

One common theme we heard from reviewers was a desire to better understand differences in intensity between services and between devices. In response, we have updated the work descriptors in each SOR to eliminate errors, eliminate confusion about whether certain aspects of the services are performed by the physician or clinical staff, and to more simply present the physician work so services can be better compared. We also added vignettes to the SORs where they had previously been left out because they were not surveyed.

We note that the current values and times were often internally crosswalked or imputed by building block. Survey results at the 25th-percentile closely aligned with the current values in many instances. When possible, we have used the survey to validate work RVUs and update times. We had hoped to rely entirely on the surveys, but found that in certain instances it still made more sense to impute times for some of the services.

Finally, reviewer comments and suggestions helped us identify an issue that may address some questions service time. Reviewers noted reductions in survey intraservice time were often accompanied by increases in survey postservice times, and often that survey work RVUs did not decrease. After further scrutiny, we suggest that survey respondents are not as equipped as members of the RUC to distinguish intraservice time from postservice time for these services. Some respondents may have considered certain activities as postservice—there could be a blurring of the line as they interpret data but also prepare and finalize a report. This would explain a shift in the allocation of time from intraservice to postservice in some instances, additional increases to postservice time in some cases for devices with advanced features, and the lack of reduction in survey work RVUs.

Table 1: Recommendations in Rank Order

Code	Desc	wRVU	Intra	Total	Notes
93286	PERI-PX PACEMAKER DEVICE EV	0.30	10	21.5	Maintain. Below survey 25th 0.60.
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL, 90-DAY	0.32	5	15	Maintain. Below survey 25th 0.40.
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	22	Maintain. Below survey 25th 0.60.
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	23	Maintain. Below survey 25th 0.58.
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	7	17	Maintain. Below survey 25th 0.50.
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20	Maintain. Below survey 25th 0.60.
93287	PERI-PX ICD DEVICE EV	0.45	10	25	Maintain. Below survey 25th 0.70.
93285	ILR DEVICE PROGR EVAL	0.52	10	20	Maintain. Below survey 25th 0.60.
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	46	Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	34	Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, doubling 93291.
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	33	Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
93279	PM DEVICE	0.65	10	22	Maintain. Below survey 25th 0.70.

	PROGR EVAL SNGL				
93289	ICD DEVICE INTERROGATIO N EVAL IN PERSON	0.75	10	23.5	Reduce to survey 25th 0.75.
93280	PM DEVICE PROGR EVAL DUAL	0.77	15	32	Maintain. Above survey 25th 0.75. Time increase.
93282	ICD DEVICE PROGR EVAL SNGL	0.85	12	28	Maintain. Matches survey 25th 0.85.
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	37	Maintain. Above survey 25th 0.89. Time increase.
93295	ICD DEVICE INTERROGATIO N REMOTE, 90-DAY	1.13	15	35.5	Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	35	Maintain. Above survey 25th 0.91. Time increase.
93284	ICD DEVICE PROGR EVAL MULTI	1.25	17.5	37.5	Maintain. Above survey 25th 0.95. Time increase.

1,500 non-duplicative members were randomly surveyed (1,000 from ACC, 500 from HRS). 78 respondents completed the survey, so each code has 78 respondents. This meets the response threshold of 75 completed surveys for services with utilization over 1,000,000; that was necessary for code 93280.

Pacemaker Office Services

93280 In this group of four codes, we used code 93280 for programming evaluation of a dual-chamber pacemaker as the benchmark survey. Respondents completed the traditional RUC survey for this code. Key reference service 93750 for Ventriclar Assist Device interrogation was selected by 18 respondents. These respondents found 93280 to be slightly more intense/complex in some measures, slightly less in others, and overall equivalent to 93750. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 99213 for a level-3 office visit was selected by 14 respondents. These respondents found 93280 to be slightly more intense/complex in some measures, slightly less in others, and overall slightly more intense/complex than 99213.

Despite the comparison to higher-valued key reference services and the slight increase in total time indicated by survey respondents, we do not believe we have a compelling evidence argument to recommend the survey median. As such, we are **recommending the current work RVU of 0.77 with median survey times of 7 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.** These times result in a 2-minute decrease in intraservice time but a 5-minute increase in total time that we believe supports the current value. This value is near the survey 25th-percentile value of 0.75. It aligns well with identified MPC services as shown in the summary spreadsheet and the SOR—cardiovascular stress test code 93015 with a work RVU of 0.75 and times of 2 minutes preservice, 20 minutes intraservice, 4 minutes postservice, and ultrasound of pregnant uterus code 76816 with a work RVU of 0.86 and times of 6 minutes preservice, 15 minutes intraservice, 10 minutes postservice.

93279 For the second code in this group, we move down in rank order and present code 93279 for programming evaluation of a single-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.65 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is slightly below the survey 25th-percentile value of 0.70. This is one of several instances where we followed the precedent of maintaining the current value when it falls below the 25th-percentile, as we do not have a compelling evidence argument for this code. For validation, we suggest comparing this code to MPC code 76830 for transvaginal ultrasound with a work RVU of 0.69 and times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice as presented in the summary spreadsheet.

93288 For the third code in this group, we move another step down in rank order and present 93288 for interrogation evaluation of a single, dual, or multi-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is below the 25th-percentile value of 0.60. Acknowledging that survey respondents indicated this service to have the same time inputs as 93279, we note this is currently the case with these two codes and the difference based on intensity. For validation, we suggest comparing this code to MPC code 29540 for ankle strapping which is slightly shorter and lower-valued with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93281 For the fourth and final code in this group, we go back above the benchmark survey code in rank order to code 93281 for programming evaluation of a multi-chamber pacemaker. This is one instance where the survey table did not provide a reasonable rank order. Respondents indicated this 93281 to have 30 seconds less preservice time and the same intraservice time as dual-chamber code 93280. **As such, we recommend the current work RVU of 0.90 with 93280's preservice time of 7 minutes, an expert consensus intraservice time of 16 minutes, and survey median postservice time of 10 minutes.** These times more sensibly align this service as the most difficult in-office pacemaker programming code, and also make sense in comparison to the multi-lead ICD code that will be presented later. This value is slightly above the survey 25th-percentile value of 0.89. For validation, we suggest comparing this code to slightly shorter MPC code 76816 for ultrasound of pregnant uterus with a work RVU of 0.86 and times of 6 minutes preservice, 15 minutes intraservice, and 10 minutes post-service.

ICD Office Services

93283 In this group of four codes, we start with benchmark survey code 93283 for programming evaluation of a dual-chamber ICD. Respondents completed the traditional RUC survey for this code. Key reference service 93750 for VAD interrogation was selected by 13 respondents. These respondents found 93283 to be slightly more intense/complex in every measure. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 99238 for hospital discharge day management was selected by 11 respondents. These respondents found 93283 to be more intense/complex every measure than 99238.

Reflecting the survey and reasonable alignment between key reference services and MPC comparators as shown in the summary spreadsheet, the societies recommend **the current work RVU of 1.15 with median survey times of 10 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is between the survey 25th-percentile and median values. It aligns well with identified MPC services as shown in the summary spreadsheet and the SOR—CT head code 70460 with a work RVU of 1.13 and times of 5 minutes preservice, 12 minutes intraservice, 5 minutes postservice, and asleep and awake EEG code 95819 with a work RVU of 1.08 and times of 5 minutes preservice, 15 minutes intraservice, 6 minutes postservice.

93282 For the second code in this group, we move down in rank order and present code 93282 for programming evaluation of a single-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.85 with median survey times of 6 minutes preservice, 12 minutes intraservice, and 10 minutes postservice.** These times result in no change in total time that we believe supports the current value. This value also happens to match the survey 25th-percentile. For validation, we suggest comparing this code to slightly shorter MPC code 76700 for complete abdominal ultrasound with a work RVU of 0.81 and times of 5 minutes preservice, 11 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93289 For the third code in this group, we move another step down in rank order and present 93289 for interrogation evaluation of a single, dual, or multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. After considering reviewer comments that this value creates a rank order issue within the ICD codes by placing interrogation higher than single-lead programming, **we recommend the survey 25th-percentile work RVU of 0.75 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 8.5 minutes postservice.** This ICD group will now

mirror the pacemaker group, with a progression in work from interrogation to single-, dual-, then multi-lead device programming services. This value also accounts for small reduction in total time that includes a shift of time from intraservice to postservice. Acknowledging that survey respondents indicated this service to have the same 10 minutes of intraservice time as 93288, we note that a difference remains in total time and intensity. For validation, we suggest comparing this code to nearly identical code 76817 for transvaginal ultrasound with a work RVU of 0.75 and times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice as presented in the summary spreadsheet.

93284 For the fourth and final code in this group, we go back above the benchmark survey code in rank order to code 93284 for programming evaluation of a multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. This is a second instance where the survey table did not provide a reasonable rank order, as respondents indicated 93284 to have 1 minute less preservice time than dual-chamber code 93283. **As such, we recommend the current work RVU of 1.25 with 93283's preservice time of 10 minutes, then median survey times of 17.5 minutes intraservice and 10 minutes postservice.** These times result in a 2.5-minute increase intraservice time and 4-minute increase in total time that we believe supports the current value. This value falls between the survey 25th-percentile value of 0.95 and the median of 1.40. For validation we suggest comparing this code to slightly longer MPC code 99238 for hospital discharge day management with a work RVU of 1.28 and times of 8 minutes preservice, 20 minutes intraservice, and 10 minutes postservice as presented in the summary spreadsheet.

Pacemaker & ICD Peri-procedural Services

Two codes exist for evaluation of an implantable pacemaker or ICD to adjust device settings appropriate for the patient before and/or after a procedure or test.

93286 The first code of this pair describes peri-procedural device programming of a single, dual, or multi-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.30 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 6.5 minutes postservice.** As discussed previously, we see some time shift between intraservice and postservice, which we believe supports the current value. This value is below the 25th-percentile RVU of 0.60. For validation, we suggest comparing this code to commonly performed, slightly shorter, and lower-valued code 94726 for plethysmography with a work RVU of 0.26 and times of 5 minutes preservice, 5 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93287 The second code of this pair describes peri-procedural device programming of a single, dual, or multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.45 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 10 minutes postservice.** We again see some time shift between intraservice and postservice, which we believe supports the current value. This value is below the 25th-percentile RVU of 0.70. For validation, we suggest comparing this code to commonly performed, longer, and higher-valued code 77002 for fluoroscopic needle guidance with a work RVU of 0.54 and times of 7 minutes preservice, 15 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

Other Device Office Services

Rounding out the services performed with the patient present is a group of four codes: three interrogation and one programming. This group is somewhat challenging because total time stays the same or goes down slightly, but the survey 25th-percentile values are still higher than the current value. We note that when these codes were previously valued, the work of the three interrogation codes was felt to be roughly the same as a crosswalk, pacemaker interrogation code 93288, even though the codes had slightly different time inputs. That work consistency remains, as does the slight time variation.

93290 The most common of these codes describes interrogation of an implantable cardiovascular monitor. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice.** This value is below the 25th-percentile RVU of 0.58. For validation, we suggest comparing this code to slightly shorter and lower-valued MPC code 29540 for ankle strapping with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93292 The least common of these codes describes interrogation of a wearable cardiac defibrillator. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.60. For validation, we again suggest comparing this code to slightly shorter and lower-valued MPC code 29540 for ankle strapping with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93291 The third and fourth codes in this group are both related for implantable loop recorders. 93291 describes the in-office interrogation of that device. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.50. As we noted earlier, this code and the previous two were all deemed equal to pacemaker interrogation code 93288 even though the codes had slightly different time inputs. We believe that methodology is still appropriate. For validation, we again suggest comparing this code to slightly longer and higher-valued code 93971 for limited duplex scan of extremity veins with a work RVU of 0.45 and times of 3 minutes preservice, 10 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93285 The final code in this group describes in-office programming of an implantable loop recorder. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.52 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.60. For validation, we suggest comparing this code to commonly performed, and similarly-valued code 93926 for limited lower extremity duplex scan with a work RVU of 0.50 and identical times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

Remote Monitoring Services

The final group of codes describes five remote device interrogation services. It is important to note that the times and values for these codes were imputed by societies and the RUC from other services when they were first valued in 2008. Those rationales are briefly summarized below in Table 2 for reference. Certain aspects of those assumptions still hold true. We again rely on calculated times after finding some inconsistencies within device families in our initial submission.

Table 2: Current Imputed times and values for remote services

Code	Desc	wRVU	Intra	Total	2008 RUC Rationale Notes
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20	1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010
93294	PM INTERROGATION REMOTE, 90-DAY	0.65	15	30	1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288
93295	ICD INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5	1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)
93297	ICM INTERROGATION REMOTE, 30-DAY	0.52	24	50	2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228
93298	ILR INTERROGATION REMOTE, 30-DAY	0.52	24	44	2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228

93298 In this group of codes, we set code 93298 for 30-day remote interrogation evaluation of an implantable loop recorder as the benchmark survey. Respondents completed the traditional RUC survey for this code. Key reference service 93224 for 48-hour ECG recording was selected by 31 respondents. These respondents found 93298 to be somewhat more intense/complex in every measure. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 93015 for cardiovascular stress test was selected by 10 respondents. These respondents found 93298 to be more intense/complex every measure than 99238.

Median survey times for 93298 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times do not reflect a large enough increment from in-office interrogation code 93291 that has times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 30-day period. The current assumption that two transmissions are reviewed per 30 days remains reasonable, if not somewhat conservative. As such, **we recommend doubling the times from 93291 and using the 93298 survey 25th-percentile work RVU of 0.52, which also happens to be the current value. This produces calculated times of 10 minutes preservice, 14 minutes intraservice, and 10 minutes postservice.** MPC codes with bracketing values but shorter times are included in the SOR and summary sheet. We would also direct the RUC's attention to additional comparator 95926 for lower limb somatosensory evoked potential study, with a work RVU of 0.54 and times of 6.5 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.

93297 The second code of this group describes 30-day remote interrogation evaluation of an implantable cardiac monitor, most commonly heart failure data from a CRT-D device. Respondents indicated service times and a work RVU for this code using the table. Median survey times for 93297 are 5 minutes preservice, 7.5 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93290 that has longer survey times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 30-day period. The current assumption that two transmissions are reviewed per 30 days remains reasonable, if not somewhat conservative. As such, **we recommend doubling the times from 93290 and using the current 93297 work RVU of 0.52. This produces calculated times of 10 minutes preservice, 20 minutes intraservice, and 16 minutes postservice.** This value is below the 25th-percentile RVU of 0.55. As with the previous code, it seems the current crosswalk value of 0.52 is about right while the imputed time was an overestimate, as suggested by the negative IWPUT. As providers of this service, we also believe it is reasonable for this service to have the same work RVU as 93298 with a slightly higher time. The decision-making for this patient population is more complex. We acknowledge this service will still have a negative IWPUT, but aside from recommending an increase in work RVU we see no way to avoid that outcome. For validation, a comparison can be made to slightly shorter and lower-valued code 92548 for computerized posturography, with a work RVU of 0.50 and times of 10 minutes preservice, 15 minutes intraservice, and 15 minutes postservice.

93293 Now that we've addressed the two 30-day remote codes, we shift to 90-day remote codes in rank order. The third remote code we'll present describes transtelephonic rhythm strip pacemaker evaluation of a single, dual, or multi-lead pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.32 with median survey times of 5 minutes preservice, 5 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.40. For validation of our recommendations, we suggest comparing 93293 to another common cardiovascular service with slightly shorter times and values, code 93018 for interpretation of a stress test with a work RVU of 0.30 and times of 2 minutes preservice, 5 minutes intraservice, and 4 minutes postservice as presented in the summary spreadsheet.

93294 The next 90-day remote code is another pacemaker service, 90-day remote interrogation evaluation of a single, dual, or multi-lead pacemaker. Respondents indicated service times and a work RVU for this code using the table. It will be helpful for the RUC to be reminded that the current times and RVU for this code was calculated as 150% of the times and value of in-office pacemaker interrogation code 93288. Median survey times for 93294 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93288 that has longer times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 90-day period. The current assumption that 1.5 transmissions are reviewed per 90 days remains reasonable. As such, **we recommend adding 50% to the times and value from 93288 as a recommendation for 93294. This produces calculated times of 7.5 minutes preservice, 15 minutes intraservice, and 10.5 minutes postservice and maintains the work RVU at 0.65.** This value is just above the survey 25th-percentile value and still makes sense since the current times and value were also imputed. For validation of our recommendations, we suggest comparing 93294 to slightly longer and higher valued code 76872 for transrectal ultrasound with a work RVU of 0.69 and times of 10

minutes preservice, 15 minutes intraservice, and 10 minutes postservice as presented in the summary spreadsheet.

93295 The final remote code is 90-day remote interrogation of a single, dual, or multi-lead ICD. Respondents indicated service times and a work RVU for this code using the table. As with the prior code, it will be helpful for the RUC to be reminded that the current times and RVU for this code were calculated as 150% of the times and value of in-office ICD interrogation code 93289. Median survey times for 93295 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93289 that has longer times of 5 minutes preservice, 10 minutes intraservice, and 8.5 minutes postservice. The 25th-percentile work value would also create a rank order issue with 93289. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 90-day period. The current assumption that 1.5 transmissions are reviewed per 90 days remains reasonable. As such, **we recommend adding 50% to the times and value from 93289 as a recommendation for 93295. This produces calculated times of 7.5 minutes preservice, 15 minutes intraservice, and 13 minutes postservice and results in a work RVU of 1.13.** This results in a reduction from the current value of 1.29 and incorporates the value of code 93289 where we previously used the 25th-percentile work RVU to improve rank order in the ICD family. For validation of our recommendations, we suggest comparing 93294 to slightly shorter and lower valued MPC code 95819 for awake and asleep EEG with a work RVU of 1.08 and times of 5 minutes preservice, 15 minutes intraservice, and 6 minutes postservice as presented in the summary spreadsheet.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93279 Tracking Number Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.65**
Global Period: XXX RUC Recommended RVU: **0.65**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with chronic atrial fibrillation and complete heart block had a single chamber (SC) rate adaptive ventricular pacemaker (VVIR (ventricular pacing, ventricular sensing, inhibition response and rate-adaptive)) implanted two years ago. The patient contacted her internist because she had "passed out." The physician has the patient come in for a symptom assessment and a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: OReview history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for the lead by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for the lead.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing value
    c. Pacing threshold
    d. Lead impedance
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93279				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.31	0.70	**0.88**	1.30	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93279	**Recommended Physician Work RVU: 0.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	453,238

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93279	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93279

How often do physicians 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

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical 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

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93284

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93285 Tracking Number Original Specialty Recommended RVU: **0.52**
Presented Recommended RVU: **0.52**
Global Period: XXX RUC Recommended RVU: **0.52**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old male with coronary artery disease and diabetes who received an implantable loop recorder (ILR) implant two months ago presents for in-office device evaluation of near-syncope and palpitations and adjustment of his rhythm detection parameters with a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: n/a

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring. If available, correlate diary of symptoms with manually triggered recordings.

Description of Intra-Service Work: Intraservice: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery status
    b. Appropriate sensing
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
    b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.
4. Programming
    a. As indication and events warrant, reprogramming of the device is performed.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93285				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.27	0.60	**0.85**	1.20	2.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93285	**Recommended Physician Work RVU: 0.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93296	XXX	0.50	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93285	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93285

How often do physicians 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

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93286

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93287 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female with chronic atrial fibrillation and complete heart block had a SC VVIR ICD implanted. The patient requires abdominal aortic aneurysm surgery. To avoid ICD shocks during the surgery related to electrosurgical cautery and manipulation, the surgeon requests evaluation and programming of the ICD to prepare the patient for surgery. After the surgery the surgeon requests a re-evaluation of the ICD system in the intensive care unit (ICU) with appropriate adjustment of the device to permit full protection of the patient from bradycardia and tachycardia events. (Note: The re-evaluation is reported separately from the initial evaluation.)

Percentage of Survey Respondents who found Vignette to be Typical: n/a

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review available records to determine need for device interrogation in advance of procedure. Obtain device hardware details (pulse generator and lead models). Obtain indications for pacemaker implant.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are reviewed:
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Preprocedure: Antitachycardia therapies are disabled, and pacing reprogrammed to asynchronous mode if indicated based upon planned surgical procedure.

b. Postprocedure: Antitachycardia therapies are enabled, and pacing reprogrammed to normal sensing and demand mode.

Description of Post-Service Work: Prepare and sign final report. Place report in medical record and ensure follow-up with the patient's treating physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93287				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.30	0.70	**1.00**	1.50	3.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93287	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
77002	XXX	0.54	**RUC Time**

CPT Descriptor Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93287	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93287

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 14460 Percentage 72.30 %

Specialty cardiac electrophysiology Frequency 4200 Percentage 21.00 %

Specialty other Frequency 1140 Percentage 5.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 7230 Percentage 72.30 %

Specialty cardiac electrophysiology Frequency 2100 Percentage 21.00 %

Specialty other Frequency 570 Percentage 5.70 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93287

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93288 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old patient with a pacemaker for sick sinus syndrome and congestive heart failure (CHF) is followed with interrogation device evaluations (in person) for light-headedness and dyspnea.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93288				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.37	0.60	**0.80**	1.40	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93288	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93288	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93288

How often do physicians 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

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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

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical 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

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93290

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93291 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.37**
Global Period: XXX RUC Recommended RVU: **0.37**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old patient receives an ILR for recurrent syncopal spells. The patient has a syncopal episode resulting in a laceration to the head. The patient comes in for an interrogation device evaluation (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring.

Description of Intra-Service Work: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery status
    b. Appropriate sensing
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
    b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93291					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.25	0.50	**0.75**	1.00	2.50	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	5.00	**7.00**	12.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93291	**Recommended Physician Work RVU: 0.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93291	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	7.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 84000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 48000 Percentage 57.14 %

Specialty cardiac electrophysiology Frequency 27000 Percentage 32.14 %

Specialty other Frequency 9000 Percentage 10.71 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 42,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 24000 Percentage 57.14 %

Specialty cardiac electrophysiology Frequency 13500 Percentage 32.14 %

Specialty other Frequency 4500 Percentage 10.71 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93291

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93292 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old patient with history of sustained VT treated with an ICD required ICD and lead extraction and IV antibiotics for three months because of a bacterial infection with intracardiac vegetations before an ICD can be reimplanted. The patient returns one month later with her wearable cardioverter defibrillator (WCD) for interrogation device evaluation (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Patient records are reviewed to identify the indication for wearable monitoring and therapy, manufacturer and model of the wearable. Prior records of wearable parameters are reviewed and compared to prior remote and in person interrogations.

Description of Intra-Service Work: The information is interrogated from the wearable device by telemetric communication and either printed for review or reviewed on the programmer or computer monitor. Critical review of the interrogated data with the assessment of the appropriateness of the function of the wearable device and appropriateness of the current programmed parameters is performed.

Description of Post-Service Work: Review parameters including the appropriate data collection setup and the interval for the next scheduled interrogation evaluation. Modifications to the patient's medical regimen are made as appropriate. The patient is informed of the test result. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93292					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.20	0.60	**0.85**	1.00	6.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	5.00	**10.00**	14.00	45.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93292	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93292	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93292

How often do physicians 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

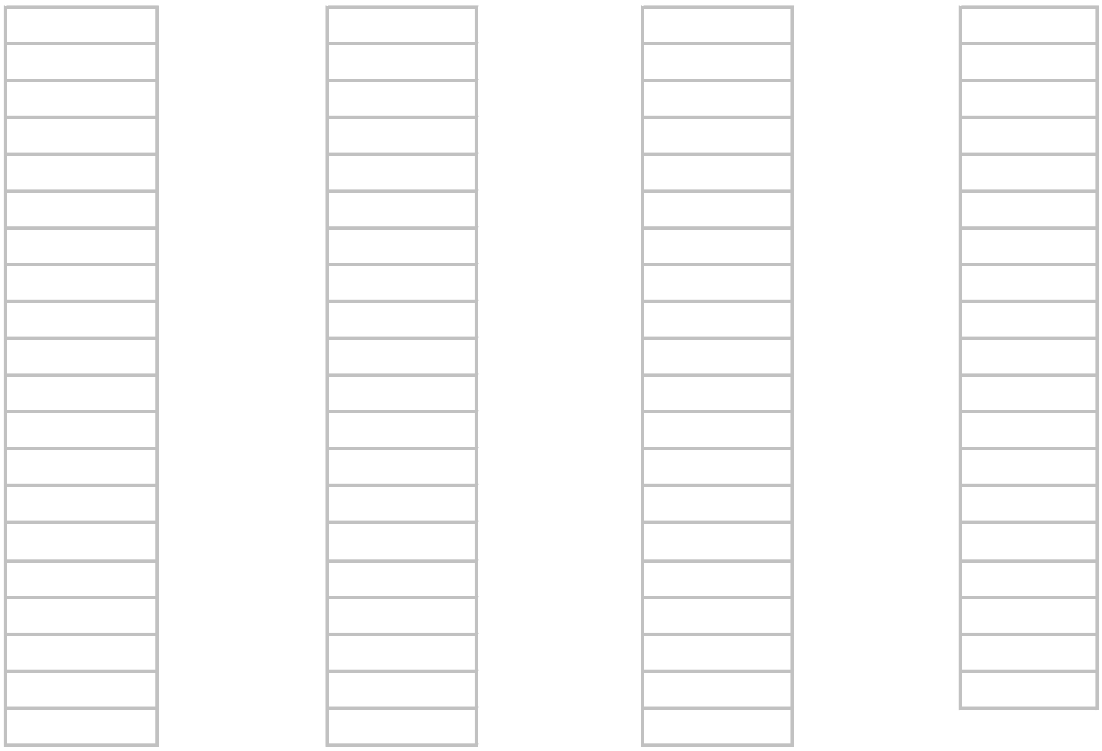
Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93750	Interrogation of ventricular assis	18	0.031			0.92			30						30.0			
2nd REF	99213	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





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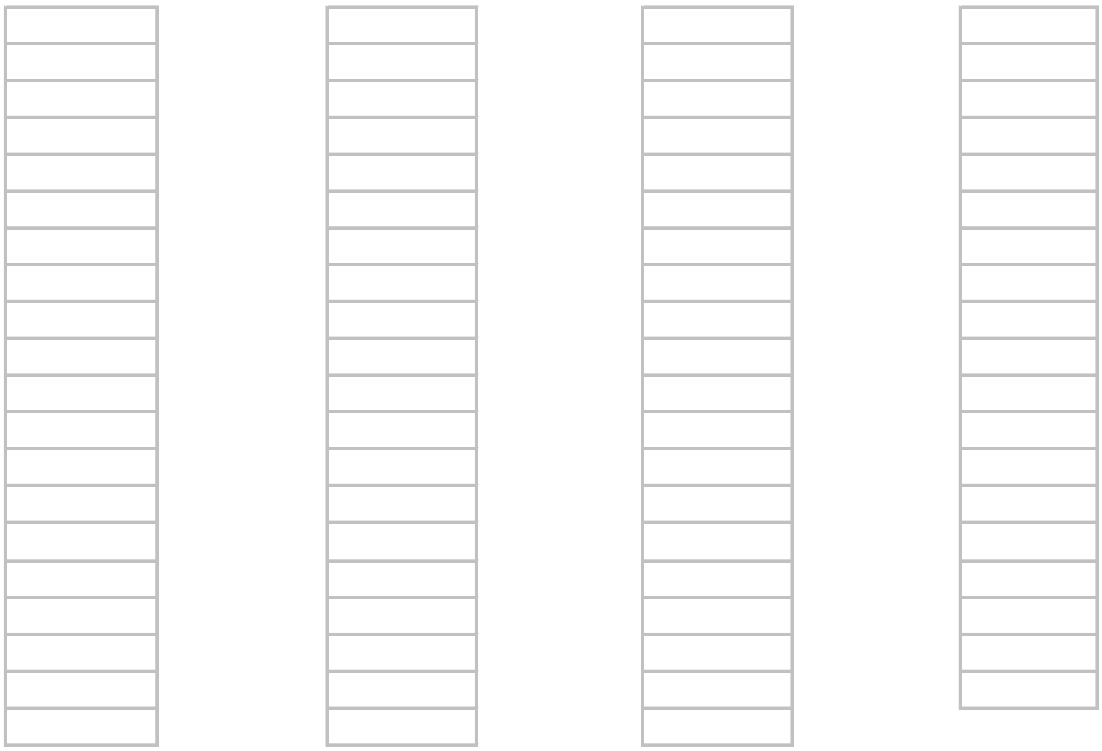
Code	Desc	2016 wRVU	2016 Intra	2016 Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	20
93280	PM DEVICE PROGR EVAL DUAL	0.77	17	27
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	30
93282	ICD DEVICE PROGR EVAL SNGL	0.85	15	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	33
93284	ICD DEVICE PROGR EVAL MULTI	1.25	15	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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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: 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
High Volume Growth

April 2017

Continuous Glucose Monitoring (PE Only)

In April 2013, CPT code 95251 was identified through the High Volume Growth screen and the RUC recommended surveying 95251 and 95250 for January 2014. In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring (CGM) via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society communicated with the CPT Editorial Panel to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommended referral to the CPT Editorial Panel. However, the most recent specialty society proposed revisions were not approved by CPT and the specialty societies indicated there is new information to present to the Relativity Assessment Workgroup. The specialty societies requested that the Workgroup review its action plan at the April 2016 meeting. In April 2016, the specialty societies indicated that the growth of these services has steadied in the most recent five years and should be removed from the screen. The Workgroup noted that the 2013 Workgroup recommendation was to survey these services based on the high growth in the years examined and these services have not been reviewed in over ten years. CPT codes 95250 and 95251 were surveyed for October 2016.

In October 2016, at the Practice Expense Subcommittee, there was extensive discussion around the issue of what codes are appropriate to report when the patient owns the equipment versus when the practice owns the equipment. The specialties clarified that CPT code 95250 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording*, since it is a PE-only code, should not be reported when the equipment is owned by the patient. In this scenario, only CPT code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* would be reported. The RUC agreed with the Subcommittee that it is important that either education or a CPT parenthetical be created to clarify the appropriate reporting of these services. The RUC recommended this service be referred to the CPT Editorial Panel Executive Committee to provide a solution to ensure correct coding occurs. In February 2017 the CPT Editorial Panel revised CPT codes 95250 and 95251 and created a new code to differentiate between physician-owned and patient-owned equipment.

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95250 ***Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording***
The RUC reviewed the direct practice expense inputs for CPT code 95250 and discussed that these inputs had been reviewed and approved by the PE Subcommittee at the October 2016 RUC meeting. The Subcommittee agreed with the specialty that there had been no change since that time and the inputs remained appropriate. **The RUC affirmed the direct practice expense inputs for CPT code 95250 as reviewed and approved by the PE Subcommittee in October 2016.**

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***
The RUC reviewed the direct practice expense inputs for new PE-only code 95249 and agreed with the specialty that the service is the same as CPT code 95250, except that the physician staff does not remove and clean the patient's equipment. The RUC discussed that CPT code 95250 was based on a survey conducted by the specialty society when the code was reviewed in October 2016 and at that time the PE Subcommittee approved 47 minutes for training on the device and 25 minutes for downloading and analyzing the data. The RUC discussed the following points:

- The CGM device includes one durable medical equipment (DME) item, the data receiver, and two supply items, the sensor and transmitter. The expected useful life of the CGM device is about 3 years.
- Code 95249 includes two patient visits to the provider office. During the first visit the staff performs extensive patient education, as indicated on the PE SoR. During the subsequent visit, the staff performs significant data manipulation, as also indicated on the PE SoR. **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 95249 cannot be billed.**
- The proposed time for each visit is based on time-and-motion studies performed by the society, which recorded actual service times for 41 patients who were treated by 5 providers.
- **The RUC recommends referral to the CPT Editorial Panel to add introductory language indicating that 95249 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 95249 cannot be billed when the patient receives a new sensor or transmitter.**

The RUC agreed to accept the specialty society's original proposal to crosswalk the PE inputs for CPT code 95249 to the recommended inputs for CPT code 95250 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording* (work RVU=0.00), which were submitted to CMS following the October 2016 RUC meeting with the removal of 5 of clinical staff time to *Remove continuous glucose monitoring sensor* and 5 minutes to *Perform procedure/service in post-service period---NOT directly related to physician work time,* (previously listed as clinical activity, *download data*) because the clinical staff would not be cleaning the patient-owned equipment during the post-service period when they downloading and analyze the patient data, as they would in CPT code 95250. The specialties will provide a letter to the CPT Editorial Panel

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outlining the recommended language for guidelines as indicated above to be added as an editorial change to CPT code 95249. **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 95249, 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. The RUC recommends the PE inputs as originally submitted by the specialty society and reviewed and approved by the PE Subcommittee with further modifications by the RUC.**

The RUC affirmed its October 2016 recommendations for 95250 and 95251 without modification.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Endocrinology** ►Codes 95250 and 95249 are used to report the service for subcutaneous interstitial sensor placement, hook-up of the sensor to the transmitter, calibration of continuous glucose monitoring (CGM) device, patient training on CGM device functions and management, removal of the interstitial sensor, and the print-out of captured data recordings. For the continuous glucose monitor (CGM) device owned by the physician/office, use 95251 for the data capture occurring over a **minimum** period of 72 hours.◄				
(e) ▲95250	-	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording *(Do not report 95250 more than once per month)* ► (Do not report 95250 in conjunction with 99091, 0446T)◄	XXX	0.00 (PE Only) (Affirmed October 2016 RUC Recommendation)

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(e) ▲95251	-	analysis, interpretation and report *(Do not report 95251 more than once per month)* ► (Do not report 95251 in conjunction with 99091~~, 0446T~~)◄	XXX	0.70 (Affirmed October 2016 RUC Recommendation)
●95249	D1	patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording (Do not report 95249 more than once per month) (Do not report 95249 in conjunction with 99091, 0446T)	XXX	0.00 (PE Only)

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AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 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 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:

Back in October 2016, the RUC approved physician work, time, and practice expense for a two-code family covering continuous glucose monitoring: code 95250 to cover the patient training and device hookup and code 95251 to cover the physician interpretation and report. At that time, the RUC requested that we ask the CPT Editorial Panel to add some editorial language to code 95250 to indicate that this code was to be used only when the physician provided the continuous glucose monitoring device and sensor. When this request was presented to the CPT Editorial Panel, they approved adding the requested editorial language to code 95250. However, in the interest of maximal clarity regarding device ownership, the CPT Panel created a separate code, 95249, which is to be used in situations where continuous glucose monitoring is performed but the physician does not provide the continuous glucose monitoring device and sensor.

The expert panel was composed of the RUC advisors and CPT advisors of the participating specialties as well as additional subject-matter experts.

Our expert panel reviewed the approved recommendations from the PE Subcommittee for code 95250 from October 2016 and determined the necessary change to the PE inputs for 95249 was to remove the equipment (CGM device and sensor) and clinical activities relating to a physician owned device.

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 expert panel agreed that the appropriate reference code is 95250, which the PE Subcommittee reviewed and approved in October 2016.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: None

Service Period Clinical Activities:

Pre-Service (of Service Period):

- Prepare room, supplies
- Greet patient, gowning, check medical records

Intra-Service (of Service Period):

- Preparation of skin site and placement of sensor by clinical staff
- Attachment of transmitter by clinical staff and initiation of sensor session on receiver
- Clean room
- Explanation of purpose of continuous glucose monitoring (CGM)
- Explanation of difference between CGM and home blood glucose testing with finger sticks
- Explanation of parts of CGM device (sensor, transmitter & receiver)
- Explanation of general patient management of CGM device (placement during sleep; care during shower, exercise and other daily living activities)
- Explanation of how to maintain patient diary of activity, food, and medication
- Explanation of necessity of continuing finger sticks during CGM period and basing treatment during CGM period on the finger stick results and not on the CGM readings
- Explanation of importance of entering blood glucose results into CGM device twice daily (three times on day one)
- Explanation of how to enter blood glucose results into CGM device
- Explanation of precautions during CGM period (continue all medications, avoid acetaminophen, keep insulin injections at least 3 cm from sensor site, keep receiver within 20 feet of sensor)
- Explanation of button functions on CGM device
- Explanation of menus on CGM
- Explanation of trend graphs
- Explanation of profile choices
- Explanation of how to enter events into diary and devices and importance of doing so
- Explanation of when and how to charge receiver
- Explanation of alerts: selection of choices, programming, patient responses
- Explanation of CGM device settings
- Explanation of shutdown and stop sensor
- Explanation of placement choices for CGM sensor
- Explanation of two-hour startup period and entering startup blood glucose results
- Explanation of how to ensure accuracy of blood glucose meter
- Explanation of procedure if sensor site is uncomfortable or painful
- Explanation of procedure if tape or dressing begins to peel off
- Explanation of procedure if sensor falls off
- Explanation of resources available for assistance (i.e. Quick start guide, device manual, toll free numbers, educator's number/email)
- Instruct patient on patient specific downloading and communication requirements

Post-Service (of Service Period): None

Post Service-Period Clinical Labor Activities:

- Downloading of data from CGM device to computer
- Downloading of events (meals, meds, etc.) from patient diary and/or blood glucose meter to computer
- Downloading of finger stick results from blood glucose meter and/or patient record to computer
- Utilizing computer to conduct appropriate data analyses
- Preparation on computer of appropriate formats for data display
- Printing out of CGM data and displays (equipment ED032, ED021)

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:*
Please see question 7

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 equipment code ED032 (printer, laser, paper) is not related to clinical staff time but the time that it takes to print the data download.

The equipment code ED021 (computer, desktop, w-monitor) is the time that the computer is being used during the process to download the data.

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	J	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 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***			**95250 Rec Oct 2016**		**95249 Rec Apr 2017**	
3		***RUC Collaboration Website***			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician (office)		Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient provided equipment, sensor	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 8** **Specialty: AACE, ACP, ES**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**			**85.0**	**0.0**	**75.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L047D	RN/Registered Dietician	**52.0**	**0.0**	**52.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L042A	RN/LPN	**8.0**	**0.0**	**3.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L042A	RN/LPN	**25.0**	**0.0**	**20.0**	**0.0**
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						
21	CA008	Perform regulatory mandated quality assurance activity						
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	L047D	RN/Registered Dietician	3		3	
33	CA010	Obtain vital signs						
34	CA011	Provide education/obtain consent						
35	CA012	Review requisition, assess for special needs						
36	CA013	Prepare room, equipment and supplies	L047D	RN/Registered Dietician	2		2	
37	CA014	Confirm order, protocol exam						
38	CA015	Setup scope (nonfacility setting only)						
39	CA016	Prepare, set-up and start IV, initial positioning and						
40	CA017	Sedate/apply anesthesia						
47		**Intra-service (of service period)**						
48	CA018	Assist physician or other qualified healthcare						
49	CA019	Assist physician or other qualified healthcare						
50	CA020	Assist physician or other qualified healthcare						
51	CA021	Perform procedure/service---NOT directly related to	L047D	RN/Registered Dietician	47		47	
58		**Post-Service (of service period)**						
59	CA022	Monitor patient following procedure/service, multitasking						
60	CA023	Monitor patient following procedure/service, no						
61	CA024	Clean room/equipment by clinical staff	L042A	RN/LPN	3		3	
62	CA025	Clean scope						
63	CA026	Clean surgical instrument package						
64	CA027	Complete post-procedure diagnostic forms, lab and x-						
65	CA028	Review/read post-procedure x-ray, lab and pathology						
66	CA029	Check dressings, catheters, wounds						
67	CA030	Technologist QC's images in PACS, checking for all						
68	CA031	Review examination with interpreting MD/DO						
69	CA032	Scan exam documents into PACS. Complete exam in						
70	CA033	Perform regulatory mandated quality assurance activity						
71	CA034	Document procedure (nonPACS) (e.g. mandated						
72	CA035	Review home care instructions, coordinate						
73	CA036	Discharge day management			**n/a**		**n/a**	
74	OLD	Remove continuous glucose monitoring sensor	L042A	RN/LPN	5		0	
79		**End: Patient leaves office**						
80		**POST-SERVICE PERIOD**						
81		**Start: Patient leaves office/facility**						
82	CA037	Conduct patient communications						
83	CA038	Coordinate post-procedure services						
84		***Office visits: List Number and Level of Office Visits***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**
85		99211 16 minutes	16					
86		99212 27 minutes	27					
87		99213 36 minutes	36					
88		99214 53 minutes	53					
89		99215 63 minutes	63					
90	CA039	Post-operative visits (total time)			**0.0**	**0.0**	**0.0**	**0.0**
91	OLD	Downloading Data	L042A	RN/LPN	25			
92	CA021	Perform procedure/service---NOT directly related to	L042A	RN/LPN			0	
93	NEW	Perform procedure/service in post-service period---NOT directly related to physician work time	L042A	RN/LPN			20	
94		*Other activity: please include short clinical description*						
95		*Other activity: please include short clinical description*						
96		**End: with last office visit before end of global period**						

	A	B	D	E	F	G	J	K
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5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**			**85.0**	**0.0**	**75.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L047D	RN/Registered Dietician	**52.0**	**0.0**	**52.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L042A	RN/LPN	**8.0**	**0.0**	**3.0**	**0.0**
97	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
98	SA048	pack, minimum multi-specialty visit	1.143	pack	1		1	
99	SD114	sensor, glucose monitoring (interstitial)	29.5	item	1		0	
100	SG036	dressing, 4in x 4.75in (Polyskin)	1.335	item	1		1	
101	SJ053	swab-pad, alcohol	0.013	item	1		1	
102	SK057	paper, laser printing (each sheet)	0.005	item	9		9	
103								
104		*Other supply item: please include the name of the item*						
105	**Equipment**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**				
106	EF023	table, exam	1338.17	Non-highly Technical	60		55	
107	ED032	printer, laser, paper	1199	Other Formula	2		2	
108	ED021	computer, desktop, w-monitor	2501	Other Formula	15		15	
109	EQ125	glucose continuous monitoring system	2465		4400		0	
110								
111								
112		*Other equipment item: please include the name of the*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

October 2016

Continuous Glucose Monitoring

In April 2013, CPT code 95251 was identified through the High Volume Growth screen and the RUC recommended surveying 95251 and 95250 for January 2014. In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society communicated with the CPT Editorial Panel to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommended referral to the CPT Editorial Panel. However, the most recent specialty society proposed revisions were not approved by CPT and the specialty societies indicated there is new information to present to the Relativity Assessment Workgroup. The specialty societies request that the Workgroup review its action plan at the April 2016 meeting. In April 2016, the specialty societies indicated that the growth of these services has steadied in the most recent five years and should be removed from the screen. The Workgroup noted that the 2013 Workgroup recommendation was to survey these services based on the high growth in the years examined and these services have not been reviewed in over ten years. CPT codes 95250 and 95251 were surveyed for October 2016.

95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report
The RUC reviewed the survey results from 46 endocrinologists and recommend the following physician time components: pre-service time of 2 minutes, intra-service time of 15 minutes and immediate post-service time of 3 minutes. The RUC noted that this code is typically billed with an Evaluation and Management (E/M) service on the same day. Therefore, the pre-service evaluation time was reduced from a median time of 6 minutes to 2 minutes and the immediate post-service time was reduced from a survey time of 10 minutes to 3 minutes. Finally, the RUC extensively discussed and agreed that there is still distinct work in the pre- and post-service period separate from the E/M service. Specifically the physician must spend time obtaining the CGM reports for review and in the post-service period signs off on the report and communicates with the patient and/or other healthcare professional as needed.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 0.70 accurately accounts for the physician work involved in code 95251. To justify a work RVU of 0.70, the RUC compared the surveyed code to the following reference codes: 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70), 74247 *Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium,*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

effervescent agent, with or without glucagon; with or without delayed images, with KUB (work RVU= 0.69) and 62368 *Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming* (work RVU= 0.67). All three reference codes have identical intra-service time to the surveyed code (15 minutes) and represent a spectrum of services that provide reasonable brackets around the recommended value. **The RUC recommends a work RVU of 0.70 for CPT code 95251.**

CPT Referral:
At the Practice Expense Subcommittee, there was extensive discussion around the issue of what codes are appropriate to report when the patient owns the equipment versus when the practice owns the equipment. The specialties clarified that CPT code 95250 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording,* since it is a PE-only code, should not be reported when the equipment is owned by the patient. In this scenario, only CPT code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* would be reported. The RUC agreed with the Subcommittee that it is important that either education or a CPT parenthetical be created to clarify the appropriate reporting of these services. **The RUC recommends this service be referred to the CPT Editorial Panel Executive Committee to provide a solution to ensure correct coding occurs.**

Practice Expense:
The RUC reviewed and accepted the direct PE inputs as modified by the Practice Expense Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95250 (f)	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	XXX	0.00 (PE Only)
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	XXX	0.70

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:95251 Tracking Number J1 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Ambulatory continuous glucose recording of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year-old female with type I diabetes mellitus taking multiple daily insulin injections has elevated levels of hemoglobin A1c with excessive swings in blood glucose, and post-prandial hyperglycemia and nocturnal hypoglycemia. Continuous ambulatory glucose monitoring is obtained to assist in designing a treatment regimen that would improve glucose control and reduce excursions in blood glucose

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:
The physician obtains the downloaded CGM reports for review.

Description of Intra-Service Work:
Physician interprets blood sugar results from a minimum of 72 hours of monitoring, including correlation of individual data points with patient daily log. The physician dictates reports.

Description of Post-Service Work: Signing off of the report and communicating with the patient and/or other healthcare professionals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Felice Caldarella, MD, FACP, FACE, CDE; Howard Lando, MD, FACE; David Klonoff, MD; Allan Glass, MD				
Specialty(s):	Endocrinology				
CPT Code:	95251				
Sample Size:	1000	**Resp N:**	46	**Response:** 4.6 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	13.00	**30.00**	94.00	500.00
Survey RVW:	0.10	0.70	**1.08**	1.45	63.30
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**15.00**	24.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95251	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99091	XXX	1.10	**RUC Time**

CPT Descriptor Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93227	XXX	0.52	**RUC Time**

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,047,534

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	799,425

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 26.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 95251	**Top Key Reference CPT Code:** 99091	**2nd Key Reference CPT Code:** **93227**
Median Pre-Service Time	2.00	5.00	2.00
Median Intra-Service Time	15.00	30.00	15.00
Median Immediate Post-service Time	3.00	5.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**40.00**	**24.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.75	0.71
Urgency of medical decision making	0.00	-0.71

Technical Skill/Physical Effort (Mean)

Technical skill required	0.25	0.14
Physical effort required	0.25	0.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	-0.14
Outcome depends on the skill and judgment of physician	0.75	0.57
Estimated risk of malpractice suit with poor outcome	-0.09	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.58	0.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The starting point for developing the work/time recommendation for 95251 was the current work value (0.85 RVU) and the median times from the survey (6 minutes pre, 15 minutes intra, 10 minutes post). These values were then adjusted downward, taking into account that an E&M is typically performed on the same day (removal of duplicated activities) and after comparison with other codes (maintenance of cross-specialty relativity).

Our final recommendation for 95251 is a physician work of 0.70 RVU (25th percentile of the survey) and physician times of 2 minutes pre, 15 minutes intra, and 5 minutes post (total time of 22 minutes). Three specific lines of evidence corroborating this recommendation are outlined below.

Key Reference Service: The key reference service for 95251 is 99091 (collection and interpretation of physiologic data), with physician work of 1.10 RVU, physician times of 5 minutes pre, 30 minutes intra, and 5 minutes post (total time of 40 minutes), and IWPUT of 0.0292. The vignette and service description of 99091 are virtually identical to 95251, which should make 99091 an excellent comparison code, but 99091 is a time-based code with 30 minutes intra-time, while 95251 has 15 minutes of intra-time. When we calculated what the RVU for 99091 would be if the intra-time were reduced to 15 minutes (like 95251) while the IWPUT was maintained constant, we arrived at 0.66 RVU, which is extremely close to our recommendation of 0.70 work RVU.

Other CPT Codes: When we searched for other codes in the RUC database that would support our 95251 recommendation (0.70 RVU for work and times of 2/15/5), we identified two codes that matched very closely: 93970 (duplex ultrasound of extremity) with work of 0.70 RVU and times of 3/15/5; and 74247 (upper GI contrast x-ray), with work of 0.69 RVU and times of 5/15/5.

IWPUT for Work of Similar Type: The work of 95251 is entirely analysis of data with interpretation and report only. We were able to locate 9 other codes in the RUC database that were defined as interpretation and report only. As expected, the times for these codes varied considerably, depending on the amount and type of data that had to be interpreted. However, the IWPUT for these 9 comparison codes defined a fairly narrow grouping (0.0201 – 0.0419), and the IWPUT for our 95251 recommendation (0.0360) fell well within this range.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The service itself is described by a single code, 95251. The work of 95251 is performed by the physician without the patient present. The results of this diagnostic test would need to be discussed with the patient and a new treatment protocol established at a subsequent E&M visit. 52% of the time, this E&M visit would occur on the same day as 95251, but after the work of 95251 is completed.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A diabetic patient with unstable glucose values, based on fingerstick measurements at home, is scheduled for an E&M visit in order to conduct a history and physical exam and to work out a new treatment protocol, with the goal of improving the glucose control. To provide additional data about the specific problems with the glucose control, the patient agrees to undergo a 72-hour continuous glucose monitoring. This procedure is completed prior to the scheduled E&M visit. On the morning of the patient's E&M visit, before the start of patient appointments, the physician sits down with the patient's chart, the patient diary, and the CGM data in order to analyze the timing and mechanism of the patient's unstable glucose control; this constitutes service 95251. Later that day, the patient returns for an office E&M visit, at which time an interval history and physical exam performed, the CGM results are explained and discussed with the patient, and a new treatment protocol is crafted. This work requires medical decision making of moderate to high complexity and corresponds to CPT code 99214. See addendum at end of SOR for requested table.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95251

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 340,000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimated Medicare usage is 34,000, from RUC database. Expert panel estimates that 10% of total national CGM usage is in the Medicare population.

Specialty Endocrinology Frequency 223480 Percentage 65.72 %

Specialty Internal Medicine Frequency 60950 Percentage 17.92 %

Specialty Nurse Practitioners Frequency 27090 Percentage 7.96 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate is based on 2015 Medicare utilization in the RUC database.

Specialty Endocrinology Frequency 22348 Percentage 65.72 %

Specialty Internal Medicine Frequency 6095 Percentage 17.92 %

Specialty Nurse Practitioners Frequency 2709 Percentage 7.96 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95251

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ADDENDUM:

	Global	Work RVU	Pre-time	Intra-time	Post-time
95251 (rec)	XXX	0.70	2	15	5
99214	XXX	1.50	5	25	10
Total		2.20	7	40	15

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	95251	**# of Respondents:**	46
Survey Code Descriptor:	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minim of 72 hours; interpretation and report		

Top Ref Code:	99091	**# of Respondents:**	12	**% of Respondents:**	26.09
Top Ref Code Descriptor:	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0	4.35	39.13	45.65	10.87
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		19.56	36.96	43.48		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		4.35	26.09	69.56		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		23.91	45.65	30.44		
Technical Skill:		**Less**	**Identical**	**More**		
		4.5	47.83	47.83		
Physical Effort:		**Less**	**Identical**	**More**		
		10.87	63.04	26.09		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		13.04	54.35	32.61		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0	41.30	58.69		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		28.26	52.17	19.56		

SS Rec Summary

ISSUE: Continuous Glucose Monitoring

TAB: 28

Source	CPT®	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99091	physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the	12	0.029			1.10			40	5					30			5
2nd REF	93227	recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health	7	0.021			0.52			24	2					15			7
CURRENT	95251	Ambulatory continuous glucose recording of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report		0.028			0.85			30	0	0	0	0	0	30			0
SVY	95251		46	0.048	0.10	0.70	1.08	1.45	63.30	31	6			0	10	15	24	45	10
REC	95251			0.039			0.70			20	2					15			3

*CPT five-digit codes, two-digit number modifiers, and descriptions only are copyright by the American Medical Association. No payment schedules, fee schedules, relative value units, scales, conversion factors, or components thereof are included in CPT. The AMA is not recommending that any specific relative values, fees, payment schedules, or related listings be attached to CPT. Any relative value scales or relative listings assigned to CPT codes are not those of the AMA, and the AMA is not recommending use of

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	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						

Tab 28- CONTINUOUS GLUCOSE MONITORING (CGM)

(CPT Codes 95250 / 95251)

New Physician Work/Time Recommendation and Responses to RUC Reviewers' Comments

95251 New Recommendation For Physician Work and Times

We would like to recommend **0.66 work RVU for code 95251, with physician times of zero minutes pre-service, 20 minutes intra-service, and zero minutes' post-service**. The rationale for this revised recommendation is detailed in the responses to reviewers' comments (below).

95250

Reviewer 1 has questioned the rationale for our recommendation of clinical staff types RN/RD and RN/LPN rather than RN/LPN/MTA blend.

Our assignment of clinical staff types was based entirely on the prospective time-study of 41 patients undergoing CGM, as summarized on the first page of the PE SOR. In none of the 41 cases was the patient education necessary to use the CGM that is a key part of this code provided by an MTA or LPN, but rather by a highly trained professional such as an RN, or NP.

95251 – Physician Time

Reviewer 1 has questioned the validity of the two-minutes of pre-service time. We accept the reviewer's suggestion to delete the two minutes of pre–service time.

Reviewer 1 questions whether the writing/dictating of report, for which we recommended 5 minutes of post-service time, should rather be in the intra-service period for codes like 95251 that are "interpretation and report only". We confirmed with RUC staff that for "interpretation and report only" codes, the RUC rule is that writing/dictating of report belongs in the intra-service period.

Therefore, as per the reviewer's suggestion, and as confirmed by the RUC, we will transfer the work of writing/dictating from the post-service period to the intra-service period, and we will adjust our recommended times accordingly by decreasing the post-service time from 5 minutes to 0 and increasing the intra-service time from 15 minutes (survey median) to 20 minutes.

Consequently, we are now recommending **physician times of zero minutes pre-service, 20 minutes intra-service, and zero minutes post-service (total time of 20 minutes),** consistent with the reviewers' suggestions. These changes should also answer the concerns about pre-service and post-service time expressed by reviewer 2.

95251 – Physician Work

Both reviewer 1 and reviewer 2 questioned our recommendation of 0.70 work RVU, with their rationale based on comparisons of the physician work and intra-time between our 95251 recommendation and the current value of 95251, as well as comparisons between our 95251 recommendation and the two key reference services, 99091 and 93227.

Our responses to these questions are detailed below.

Key reference service #1 (99091) adjusted to intra-time of 20 minutes

99091 has a work RVU of 1.10 and intra-time of 30 minutes, while our 95251 recommendation has an intra-time of 20 minutes. To equalize the intra-times so that the two codes are directly comparable, we calculated a proxy 99091 by taking 1/3 off the values for 99091. This computation results in a proxy 99091 with a **work RVU of 0.73 and an intra-time of 20 minutes**.

Key reference service #2 (93227) adjusted to intra-time of 20 minutes

93227 has a work RVU of 0.52 and an intra-time of 15 minutes, while our 95251 recommendation has an intra-time of 20 minutes. To equalize the intra-times so that the two codes are directly comparable, we calculated a proxy 93227 by adding 1/3 to the values for 93227. This computation results in a proxy 93227 with a **work RVU of 0.69 and an intra-time of 20 minutes.**

Current value of 95251 adjusted to intra-time of 20 minutes.

At present, 95251 has a work RVU of 0.85 and an intra-time of 30 minutes, while our 95251 recommendation has an intra-time of 20 minutes. To equalize the intra-times so that the two codes are directly comparable, we calculated a proxy 95251 by taking 1/3 off the current values of 95251. This computation results in a proxy 95251 with a **work RVU of 0.57 and an intra-time of 20 minutes.**

Establishing a new 95251 work RVU recommendation

In the above paragraphs, we developed work RVUs for 3 proxy codes, all with intra-times of 20 minutes, to be used as comparators in developing a work RVU recommendation for 95251. As our recommended work RVU for 95251, we decided to take the average of the work RVU for the three proxy comparators described above (0.73, 0.69, 0.57), which comes out to 0.66 RVU.

The result is a 95251 recommendation of 0.66 RVU, with zero pre-service time, 20 minutes intra-service time, and zero minutes post-service time, with IWPUT of 0.033.

Comparison with other codes in the RUC database

There are 13 RUC-valued XXX codes in the RUC database with an intra-time of 20 minutes and a total time of 20 minutes, identical to our 95251 recommendation. The median RVU for these 13 comparison codes is 0.69 work RVU, which is above our 95251 recommendation of 0.66.

Duplication of E&M work

As of the latest RUC data release, and according to RUC definitions, 95251 is now "typically" (52% of the time) performed with a separate E&M service on the same day. Reviewer 1 questions whether the crafting of a new treatment protocol, which is listed as part of the intra-service work of 95251 in the SOR, should actually be part of the subsequent E&M.

We agree with the reviewer that the work of crafting a new treatment protocol is, indeed, a part of the work of the subsequent E&M visit; the work of 95251 is limited to interpretation of the data and report. We apologize for incorrect wording.

Importance of key reference services versus other comparator codes

Both reviewers emphasize comparisons of our 95251 recommendation with the two key reference services, while assigning the comparison with other codes in the RUC database a lesser degree of importance.

In that regard, we would point out that 11 of the 17 codes on the reference service list were selected by at least one survey participant as their key reference service, and 60% of the survey participants selected a key reference service that was NOT one of the top two key reference service codes used in the SOR. In view of this wide variation in the selection of the key reference service, we feel that, in this particular situation, it is appropriate to put significant emphasis on comparator codes other than the top two key reference services.

IWPUT analysis

The reviewers commented on differences between the IWPUT of our recommendation and the various comparators (e.g. key reference services, current values of the surveyed code).

We believe that the IWPUT of our modified 95251 recommendations (0.033) is quite comparable to the IWPUT of the three proxy comparator codes (0.029, 0.028, 0.021) described above, as well as to the IWPUT of other codes that involve pure cognitive work, such as psychotherapy (90832: IWPUT = 0.038) or cardiac stress test, interpretation and report only (93018: IWPUT = 0.033).

Survey participation rate

Reviewer 2 commented on the relatively small number of physicians surveyed for 95251.

In response, we would note that endocrinology is a very small subspecialty, and one which traditionally has had a very low participation rate for RUC surveys. The number of 46 completed surveys for 95251, which exceeds the RUC threshold of 30, is in fact the largest number of survey respondents that endocrinology has ever had in a RUC survey.

Patient 1

Patient:
Patient ID:
Print date:

Date interval:
Number of days:

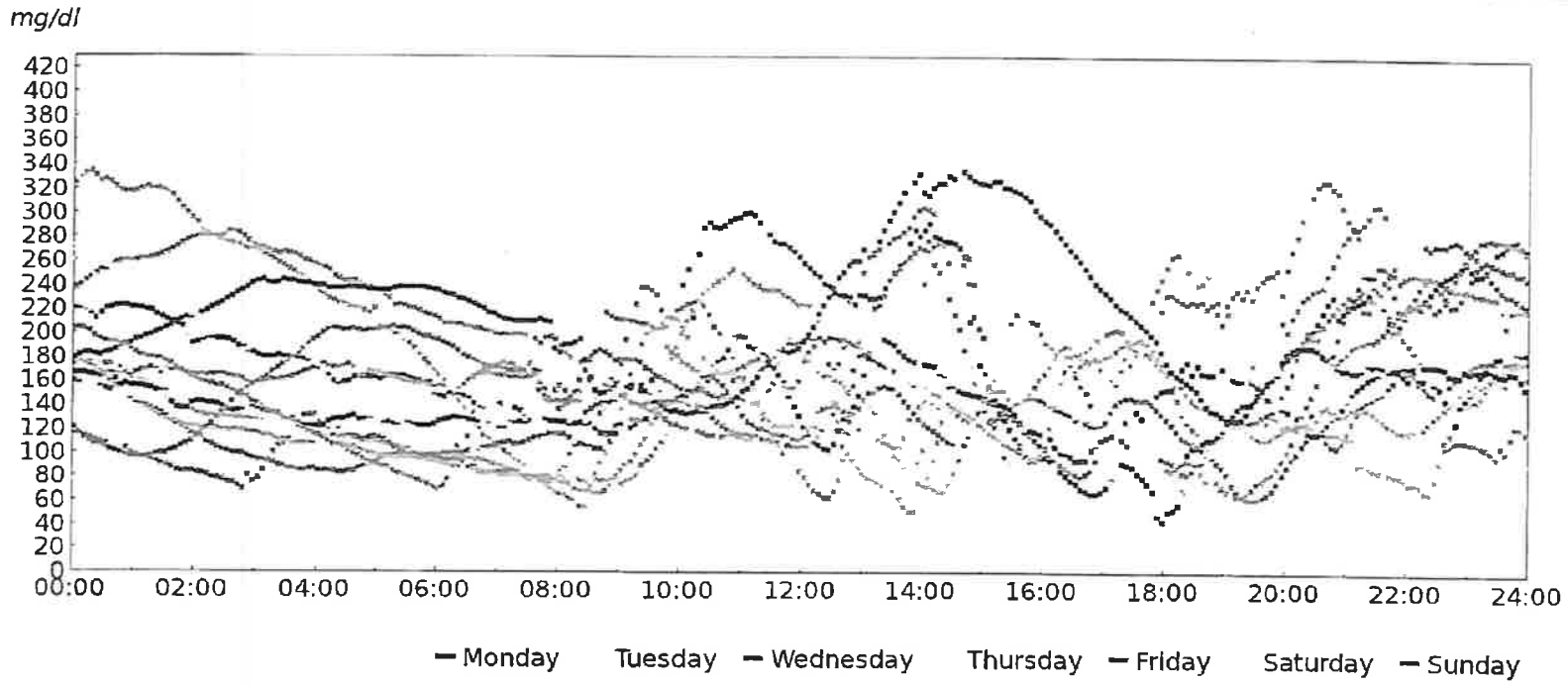
diasend

Glucose meters:

Insulin pump:

Combination device:

CGM: Standard day



Statistics

Number of values:	**5517**	Values above goal (180 mg/dl):	**1645**	Highest value (mg/dl):	**362**	(09/10/2015 18:47)
Values per day:	**262.7**	Values within goal (70-180 mg/dl):	**3768**	Lowest value (mg/dl):	**39**	(09/03/2015 14:32)
Period average (mg/dl):	**160**	Values below goal (70 mg/dl):	**104**	Standard deviation:	**55**	

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1 of 11

Patient: [redacted]
Patient ID: [redacted]
Print date:

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] Insulin pump: [redacted] Combination device:

CGM : Statistics

	00	01	02	03	04	05	06	07	08	09	10	11
# of CGM Readings	247	252	252	252	247	248	251	242	236	224	222	234
Median CGM Value (mg/dl)	180	175	164	173	162	157	147	132	132	141	149	150
Avg CGM Value (mg/dl)	193	183	175	168	159	150	142	133	127	147	157	157
Min (mg/dl)	96	84	69	78	83	66	64	67	54	73	92	84
25% Quartile	162	144	136	121	114	105	104	105	106	124	126	120
75% Quartile	223	222	210	197	201	190	166	162	147	168	175	184
Max (mg/dl)	334	321	291	271	256	238	235	214	217	237	296	300
SD (mg/dl)	52	54	53	51	48	47	40	38	33	34	45	46

	12	13	14	15	16	17	18	19	20	21	22	23	Totals
# of CGM Readings	228	209	215	200	187	182	218	221	237	236	237	240	5517
Median CGM Value (mg/dl)	137	142	135	137	146	141	131	140	167	173	166	177	153
Avg CGM Value (mg/dl)	150	157	150	150	151	141	141	151	178	188	182	193	160
Min (mg/dl)	62	51	39	58	54	43	51	61	88	78	67	97	39
25% Quartile	118	111	100	109	107	106	97	119	138	152	141	159	121
75% Quartile	176	181	164	185	182	180	171	168	206	227	226	233	189
Max (mg/dl)	260	332	335	327	294	269	362	340	327	307	324	324	362
SD (mg/dl)	44	66	74	57	57	48	58	57	57	52	56	54	55

2 of 11

Patient: [redacted]
Patient ID: [redacted]
Print date:

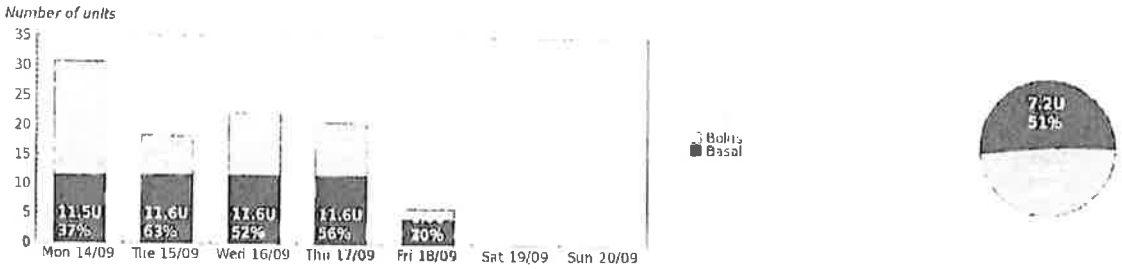
Date interval: [redacted]
Number of days: [redacted]

diasend

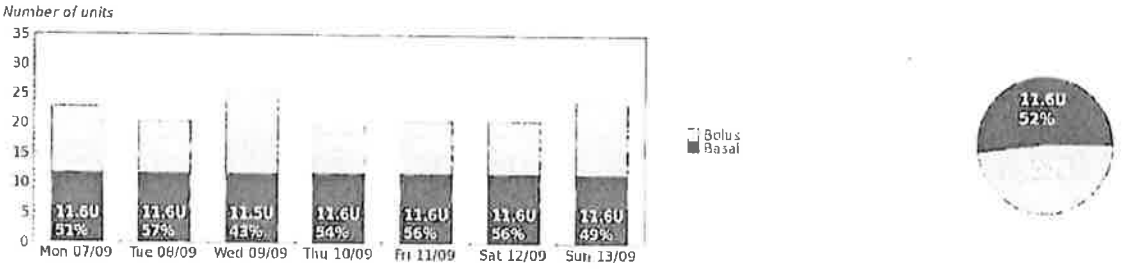
Glucose meters: [redacted] Insulin pump: [redacted] Combination device:

Insulin : Week

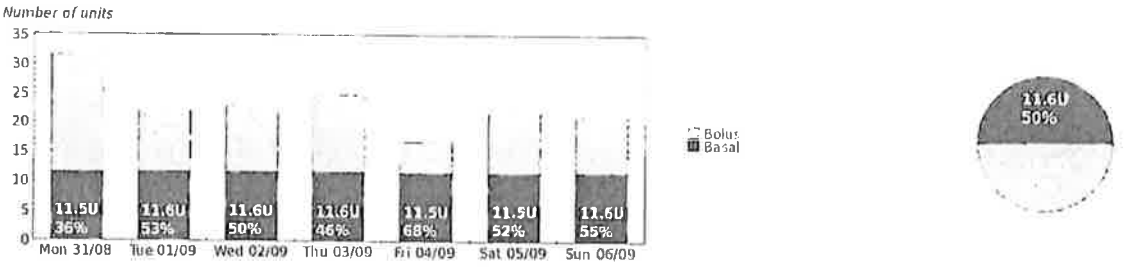
Week 38 (09/14/2015 - 09/20/2015)



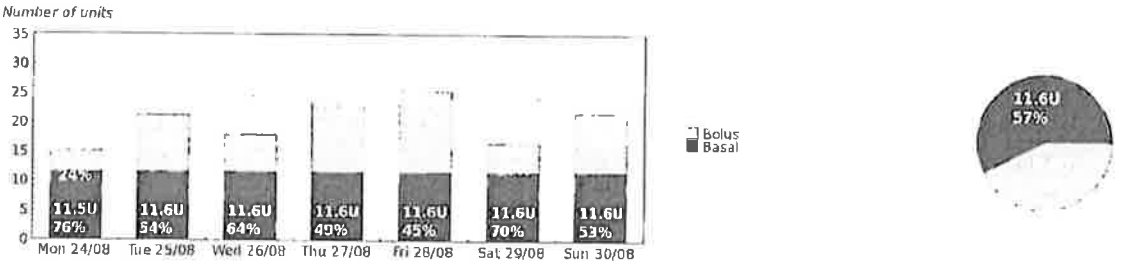
Week 37 (09/07/2015 - 09/13/2015)



Week 36 (08/31/2015 - 09/06/2015)



Week 35 (08/24/2015 - 08/30/2015)



Insulin : Bolus adherence

47 deviating boluses detected out of **106** bolus calculator assisted boluses (out of **148** boluses in total)

Date	Time	Delivered (U)	Calculated (U)	Bolus Type	Duration (min)	Pre-Bolus BG (mg/dl)	Post-Bolus BG (mg/dl)
08/30/2015	15:03	1.20	0.90	ezBG		08/30/2015 15:02 : 188	08/30/2015 17:18 : 225
08/30/2015	21:02	0.50	0.10	ezBG		08/30/2015 21:00 : 222	08/30/2015 21:44 : 241
08/30/2015	21:45	1.00	0.65	ezBG		08/30/2015 21:44 : 241	08/31/2015 10:01 : 292
08/31/2015	10:16	1.00	0.40	ezBG		08/31/2015 10:14 : 298	08/31/2015 10:54 : 275
08/31/2015	10:56	0.50	0.00	ezBG		08/31/2015 10:54 : 275	08/31/2015 11:33 : 260
08/31/2015	11:35	1.00	0.20	ezBG		08/31/2015 11:33 : 260	08/31/2015 12:13 : 219
08/31/2015	14:05	2.25	0.00	ezBG		08/31/2015 14:04 : 268	08/31/2015 14:43 : 209
08/31/2015	14:45	1.00	0.00	ezBG		08/31/2015 14:43 : 209	08/31/2015 15:09 : 162
08/31/2015	20:51	0.50	0.00	ezBG		08/31/2015 20:49 : 217	08/31/2015 22:50 : 263
08/31/2015	22:51	2.00	1.65	ezBG		08/31/2015 22:50 : 263	09/01/2015 07:23 : 160
09/02/2015	13:39	2.00	1.90	ezBG		09/02/2015 13:38 : 300	09/02/2015 14:09 : 256
09/02/2015	19:57	2.00	0.00	ezBG		09/02/2015 19:55 : 209	09/02/2015 21:01 : 264
09/02/2015	21:38	1.00	0.50	ezBG		09/02/2015 21:37 : 241	09/03/2015 07:20 : 173
09/05/2015	10:16	0.50	0.20	ezBG		09/05/2015 10:14 : 136	09/05/2015 14:06 : 195
09/05/2015	20:22	0.60	0.50	ezBG		09/05/2015 20:21 : 259	09/05/2015 21:37 : 290
09/05/2015	21:38	2.10	1.70	ezBG		09/05/2015 21:37 : 290	09/05/2015 22:24 : 350
09/05/2015	22:25	2.00	1.20	ezBG		09/05/2015 22:24 : 350	09/06/2015 04:53 : 246
09/06/2015	04:54	1.80	1.70	ezBG		09/06/2015 04:53 : 246	09/06/2015 07:54 : 78
09/06/2015	09:43	1.50	1.25	ezBG		09/06/2015 09:42 : 213	09/06/2015 15:40 : 87
09/09/2015	00:27	0.60	0.55	ezBG		09/09/2015 00:26 : 183	09/09/2015 07:44 : 152
09/09/2015	12:53	0.50	0.00	ezBG		09/09/2015 12:51 : 254	09/09/2015 14:23 : 256
09/09/2015	14:25	0.30	0.20	ezBG		09/09/2015 14:23 : 256	09/09/2015 17:33 : 206
09/09/2015	19:26	0.20	0.00	ezBG		09/09/2015 19:25 : 234	09/09/2015 20:08 : 213
09/09/2015	20:55	0.50	0.00	ezBG		09/09/2015 20:54 : 249	09/09/2015 21:16 : 242
09/09/2015	21:18	0.50	0.00	ezBG		09/09/2015 21:16 : 242	09/09/2015 23:30 : 115
09/10/2015	18:49	0.50	0.30	ezBG		09/10/2015 18:49 : 294	09/10/2015 19:43 : 319
09/10/2015	18:51	0.25	0.05	ezBG		09/10/2015 18:49 : 294	09/10/2015 19:43 : 319
09/10/2015	19:45	2.20	1.35	ezBG		09/10/2015 19:43 : 319	09/10/2015 20:49 : 276
09/10/2015	20:50	1.00	0.45	ezBG		09/10/2015 20:49 : 276	09/10/2015 21:24 : 245
09/12/2015	15:57	0.50	0.30	ezBG		09/12/2015 15:56 : 181	09/12/2015 17:59 : 71
09/12/2015	22:18	1.30	1.15	ezBG		09/12/2015 22:17 : 227	09/13/2015 08:08 : 77
09/13/2015	10:54	2.00	1.90	ezBG		09/13/2015 10:53 : 270	09/13/2015 13:36 : 64
09/13/2015	14:26	0.50	0.00	ezBG		09/13/2015 14:24 : 168	09/13/2015 16:56 : 180
09/13/2015	16:57	0.75	0.65	ezBG		09/13/2015 16:56 : 180	09/14/2015 07:55 : 183
09/14/2015	13:56	0.15	0.10	ezBG		09/14/2015 13:55 : 300	09/14/2015 14:09 : 308
09/14/2015	14:19	0.20	0.05	ezBG		09/14/2015 14:18 : 374	09/14/2015 14:20 : 371
09/14/2015	15:15	2.50	0.00	ezBG		09/14/2015 15:14 : 307	09/14/2015 15:42 : 328
09/14/2015	16:03	2.25	0.00	ezBG		09/14/2015 16:02 : 321	09/14/2015 17:46 : 215
09/14/2015	17:48	1.00	0.00	ezBG		09/14/2015 17:46 : 215	09/14/2015 22:02 : 173
09/15/2015	12:26	1.00	0.90	ezBG		09/15/2015 12:25 : 189	09/15/2015 18:09 : 92
09/15/2015	19:32	1.50	0.00	ezBG		09/15/2015 19:31 : 170	09/16/2015 05:53 : 62
09/16/2015	13:04	1.50	0.85	ezBG		09/16/2015 13:03 : 277	09/16/2015 15:46 : 128
09/16/2015	22:54	2.50	2.25	ezBG		09/16/2015 22:53 : 299	09/16/2015 23:10 : 281
09/17/2015	16:10	1.50	1.45	ezBG		09/17/2015 16:09 : 237	09/17/2015 18:25 : 198
09/17/2015	18:26	1.10	0.80	ezBG		09/17/2015 18:25 : 198	09/17/2015 19:12 : 162
09/17/2015	20:46	0.50	0.00	ezBG		09/17/2015 20:45 : 161	09/17/2015 23:00 : 129
09/18/2015	07:51	1.30	0.80	ezBG		09/18/2015 07:50 : 180	09/18/2015 09:47 : 174

Patient: [redacted]
Patient ID: [redacted]
Print date:

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**

Insulin: Pump settings

Insulin pump settings for serial number: [redacted] **Upload date:** [redacted])

Bolus

Setting	Value
Audio Bolus Enable	Enabled
Audio Bolus Stepsize per program keypress	1.0 U
Advanced Bolus Options enable	Enabled
Bolus Reminder Options enable	Disabled
Bolus Delivery Speed	Normal
Max Bolus	15 U

Basal

Setting	Value
Max Basal	3 U/h
Max Total Daily Dose	100 U
Active basal program	1

General

Setting	Value
Language Selection Index	English
Last Keypress to display timeout	60 s
Auto-Off Enable	Disabled
Auto-Off Timeout	12 h
Max 2-Hr limit	50 U
Occlusion Sensitivity Level	Low
Insulin-On-Board	Enabled
Insulin-On-Board Duration	3 h
Sick days, BG over limit	300 mg/dl
Sick days, check ketones	4 h
Sick days, check BG	2 h
Low Cartridge Warning Level	20 U
BG unit	mg/dl
Time format	12 h

I:C ratio settings

	Start	1 U: [g]
1	00:00:00	18
2	12:00:00	20
3	17:30:00	20

ISF programs

	Start	ISF [mg/dl]
1	00:00:00	75

BG target range settings

	Start	Target [mg/dl]	Range [mg/dl]
1	00:00:00	120	+/- 10

Basal profiles

Program: 1

	Start	Rate
1	00:00:00	0.300
2	03:00:00	0.400
3	11:00:00	0.550
4	16:00:00	0.550
5	19:00:00	0.625

Sum: 11.625 U

Program: 2

	Start	Rate
1	00:00:00	0.000

Sum: 0.000 U

Program: 3

	Start	Rate
1	00:00:00	0.000

Sum: 0.000 U

Program: 4

	Start	Rate
1	00:00:00	0.000

Sum: 0.000 U

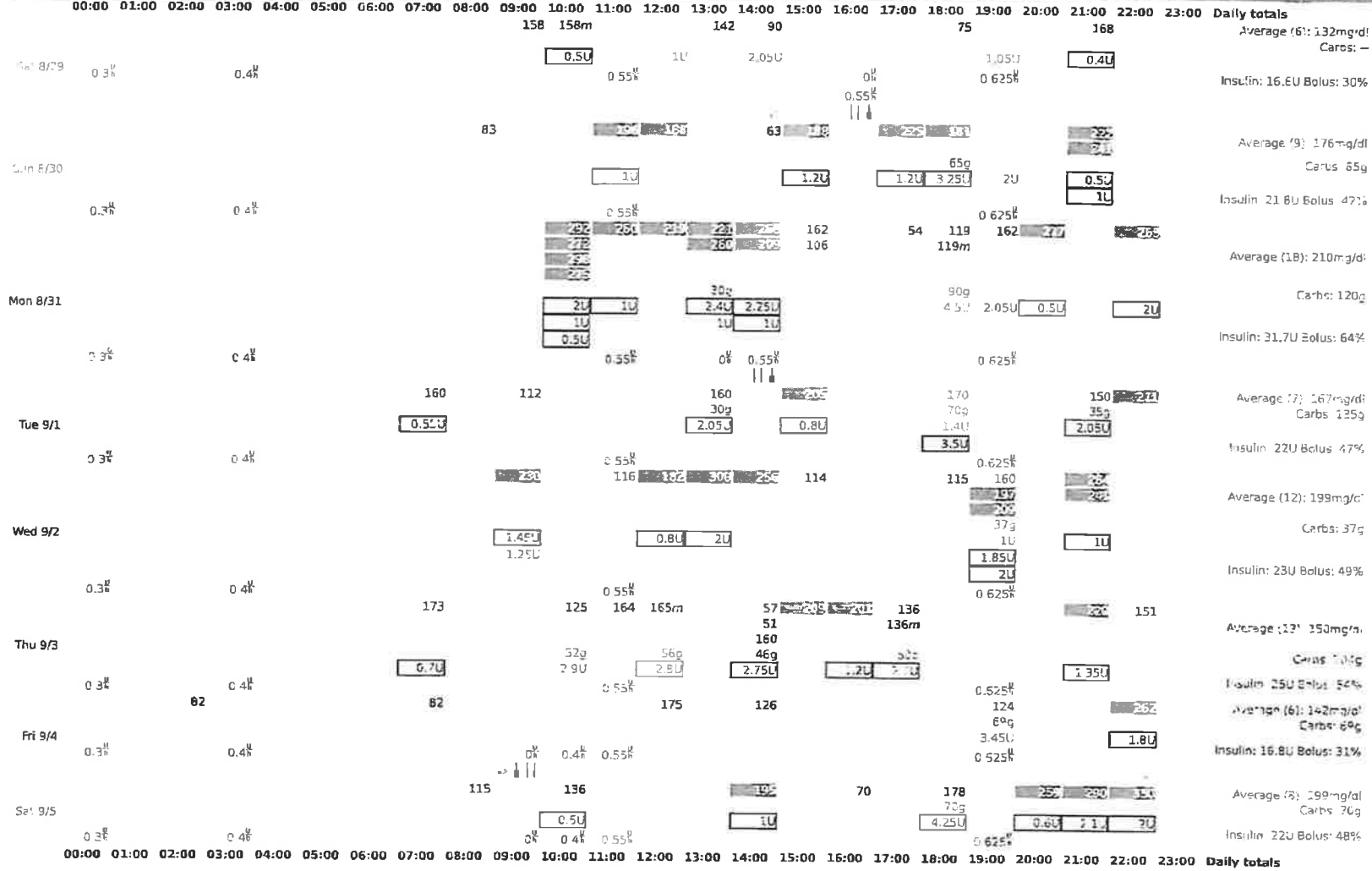
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]
Insulin pump: [redacted]
Combination device: [redacted]

Comparison: Logbook/table



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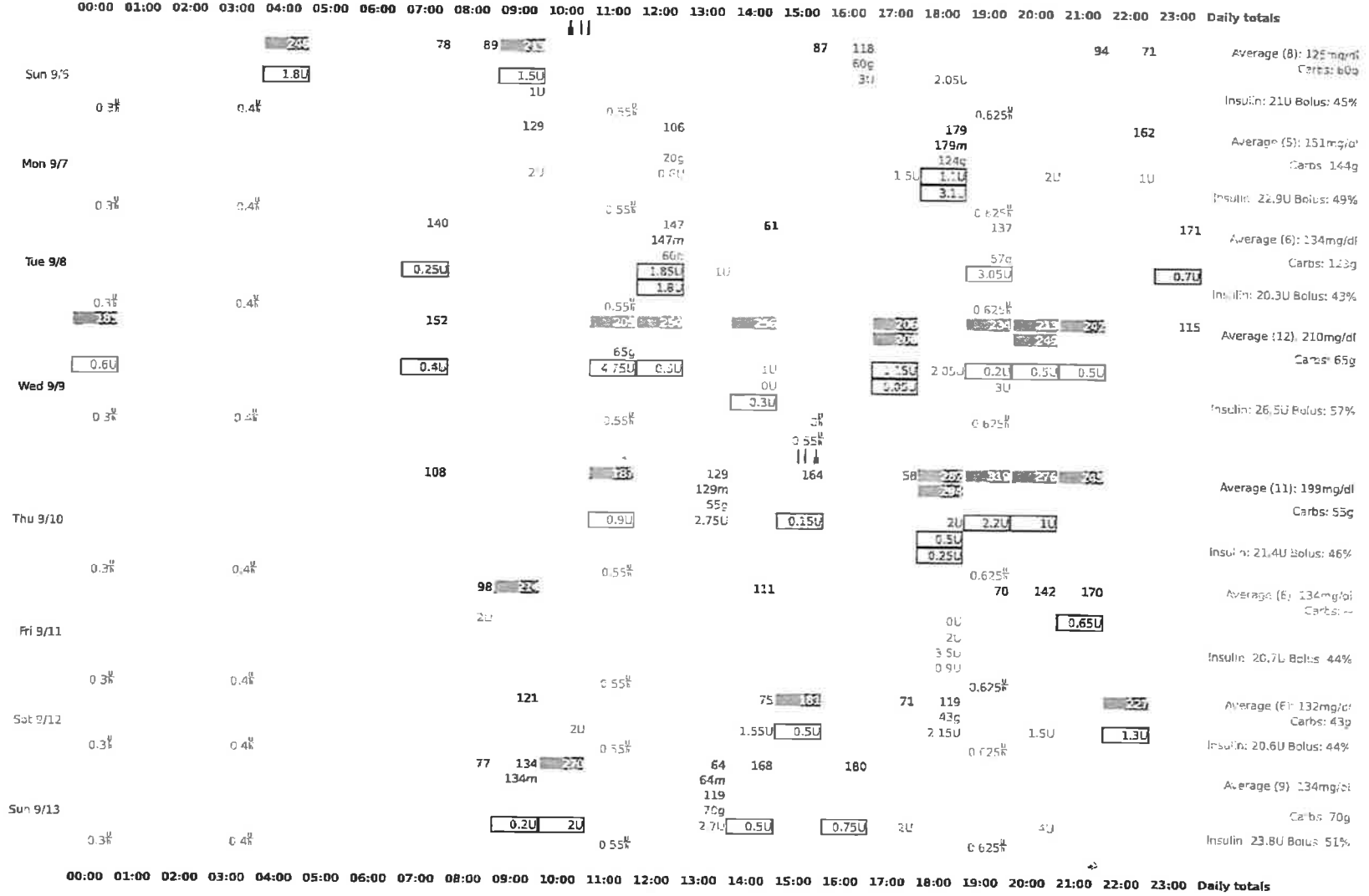
 8 11

Patient: –
Patient ID: –
Print date:

Date interval: [redacted]
Number of days: 21

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**

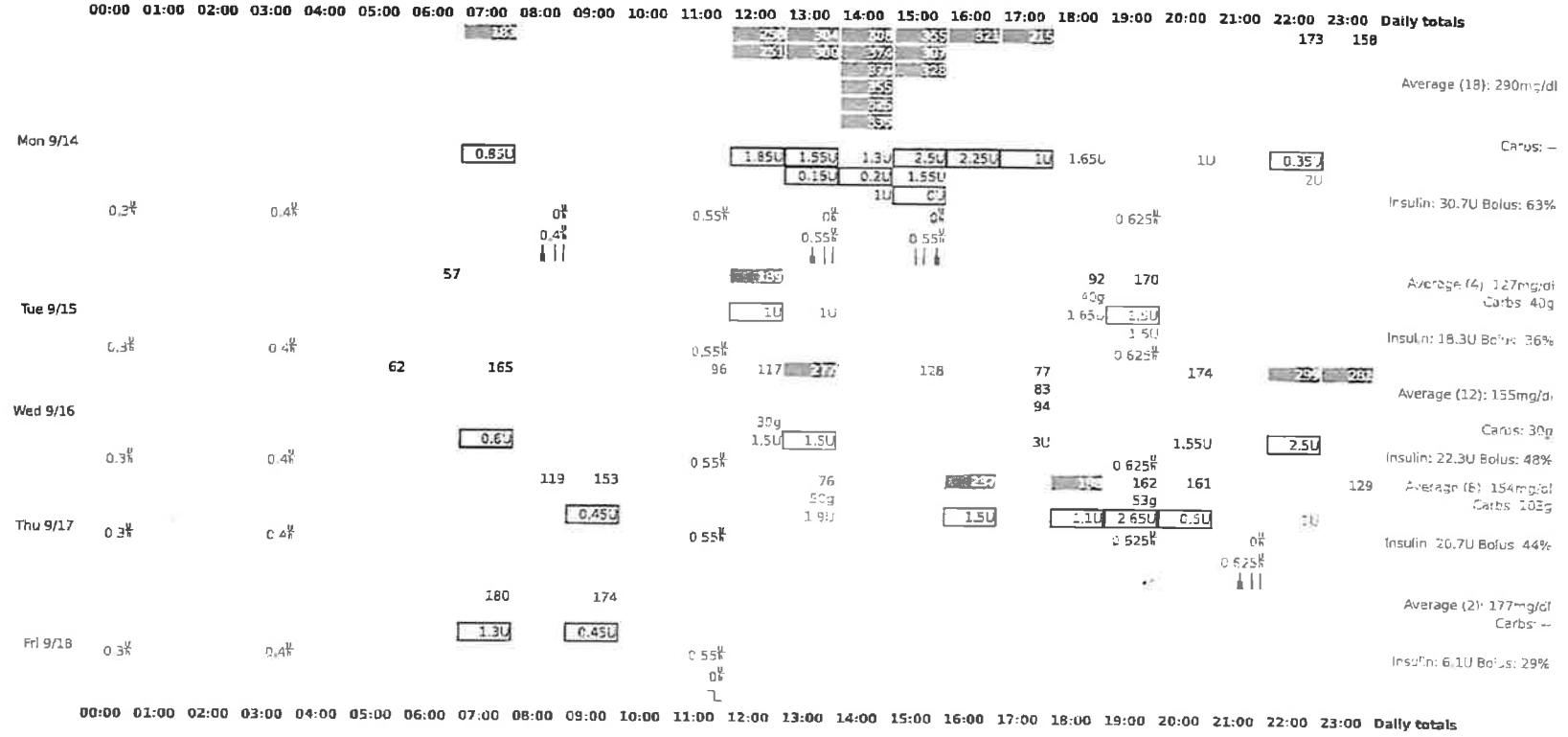


Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**



< 70 mg/dl Within > 180 mg/dl m tagged values were typed in manually by the patient Bolus with correction

Suspend Resume Temp. basal Pump alarm Fill Cannula Prime

Statistics

Number of values:	186	Values above goal (180 mg/dl):	83	Highest value (mg/dl):	374	(09/14/2015 14:18)
Values per day:	8.9	Values within goal (70-180 mg/dl):	93	Lowest value (mg/dl):	51	(09/03/2015 14:19)
Period average (mg/dl):	179	Values below goal (70 mg/dl):	10	Standard deviation:	77	

This report does not include CGM readings.

Want this report in your EMR? Contact Diasend today! emr@diasend.com

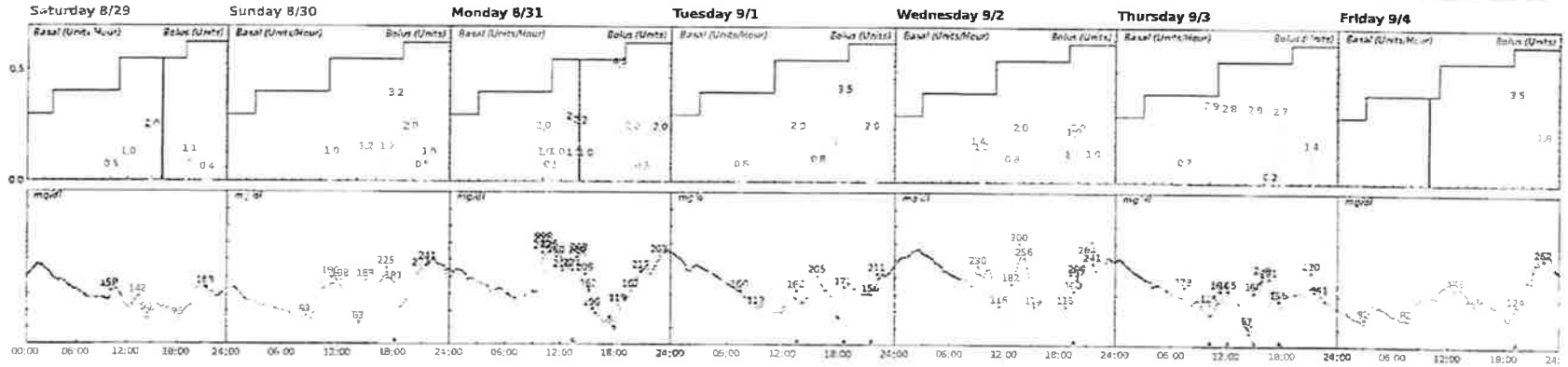
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

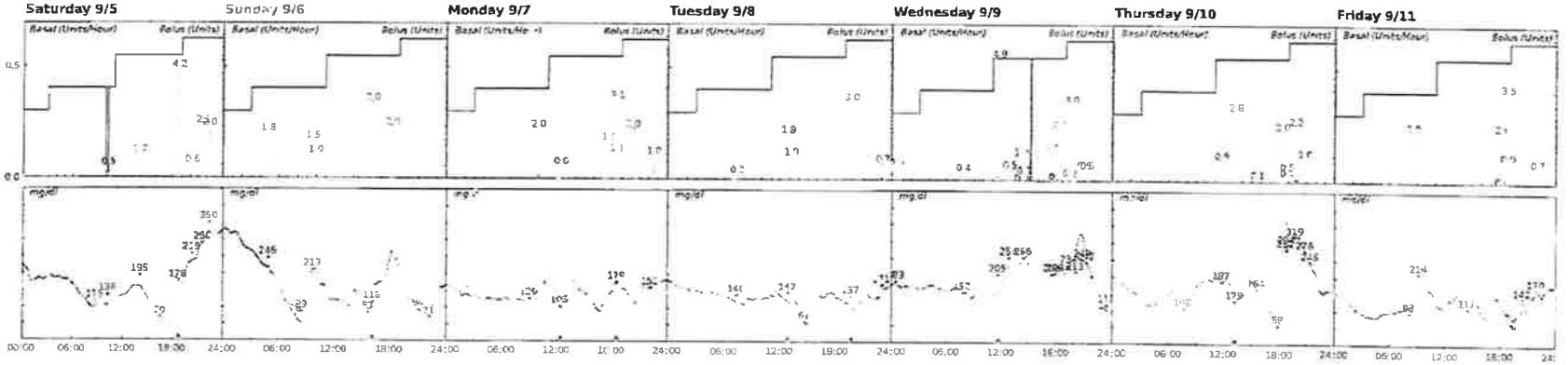
Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**

Comparison : Day by day overview



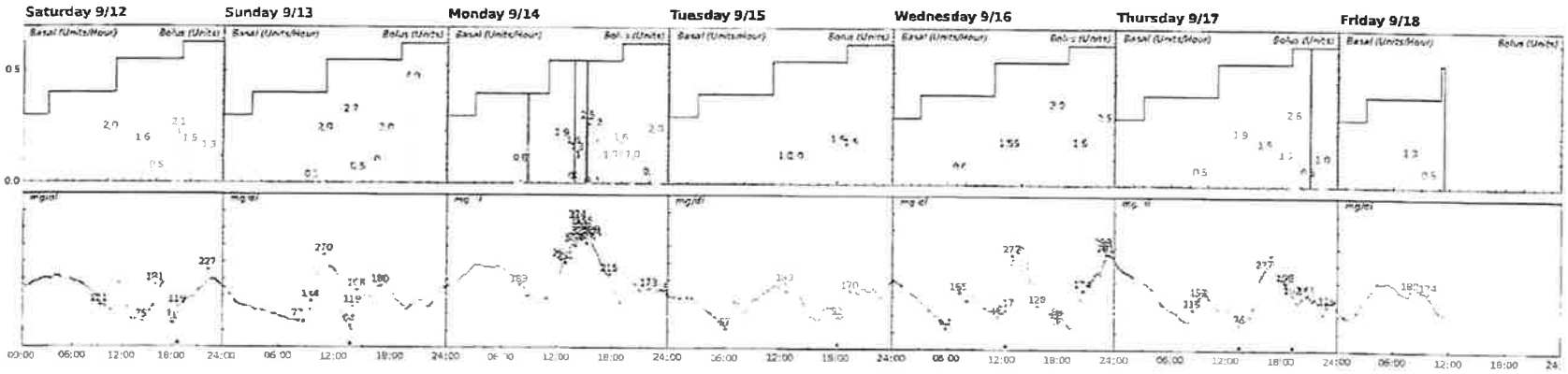


Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: 21

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**



Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] Insulin pump: [redacted] Combination device: -

Compilation

Glucose	
Average 179 mg/dl	
SD = 77	# = 186
Avg # / day = 8.9	

CGM	
Average 160 mg/dl	
SD = 55	# = 5517
Avg # / day = 262.7	

Insulin	
Average daily dose 21.6 U	
SD = 5	# days = 21
Avg # bolus doses/day = 7	

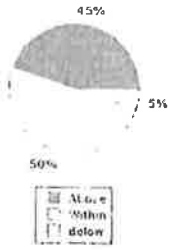
Carbs	
Average carbs / day 68 g	
SD = 53	# = 28
Avg # / day = 1.3	

Activity	
Avg steps / day 0 steps	Avg kcal / day 0 kcal
0% of 10000 (target)	0% of 2500 (target)

Glucose (mg/dl)

Glucose values summary	
Average (mg/dl)	179
Median (mg/dl)	170
Highest value (mg/dl)	374
Lowest value (mg/dl)	51
Standard deviation (SD)	77
Values per day	8.9
Number of values	186
Values above goal (180 mg/dl)	83
Values within goal (70-180 mg/dl)	93
Values below goal (70 mg/dl)	10

Interval	Avg BG	# BG	SD
00:00-06:00	143	4	75
06:00-08:00	134	11	43
08:00-10:00	139	17	45
10:00-12:00	204	15	67
12:00-14:00	183	27	72
14:00-16:00	199	34	102
16:00-18:00	150	18	75
18:00-20:00	170	25	62
20:00-22:00	212	20	50
22:00-24:00	202	15	75



CGM (mg/dl)

CGM readings summary	
Average (mg/dl)	160
Median (mg/dl)	153
AUC high > 180 mg/dl	14
AUC low < 70 mg/dl	0
Highest value (mg/dl)	362
Lowest value (mg/dl)	39
Standard deviation (SD)	55
Values per day	262.7
Number of values	5517
Values above goal (180 mg/dl)	1645
Values within goal (70-180 mg/dl)	3768
Values below goal (70 mg/dl)	104
Average daily CGM sensor duration	21:55
Total CGM sensor duration	19 days 03:45

Interval	Avg	#	SD
00:00-06:00	171	1500	53
06:00-08:00	137	501	39
08:00-10:00	136	472	35
10:00-12:00	158	462	46
12:00-14:00	153	440	56
14:00-16:00	150	420	66
16:00-18:00	146	377	54
18:00-20:00	147	445	58
20:00-22:00	183	481	55
22:00-24:00	187	484	55



Insulin

Insulin doses summary	
Average daily insulin (U)	21.6
Standard deviation (SD)	5.1
Average daily basal (U)	11.2
Average daily bolus (U)	10.4
Average bolus doses/day	7
Average days between cannula fills	2.4
Average days between primes	2.1

Carb summary	
Avg # carbs/day	68 g
Standard deviation (SD)	53

Bolus calculation summary	
Avg # ezBG Boluses/day	3.7 (53%)
Avg # ezCarb Boluses/day	1.3 (19%)
Avg # Combo Boluses/day	0 (0%)
Avg # Normal Boluses/day	2 (28%)
Bolus overrides/total boluses	32%
Avg # bolus overrides/day	2.2
Avg # bolus ezBG overrides/day	2.2
Avg # bolus ezCarb overrides/day	0
Avg # carbs/ezCarb Bolus	51 g
Avg # Insulin Units/ezCarb Bolus	3



Patient 2

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

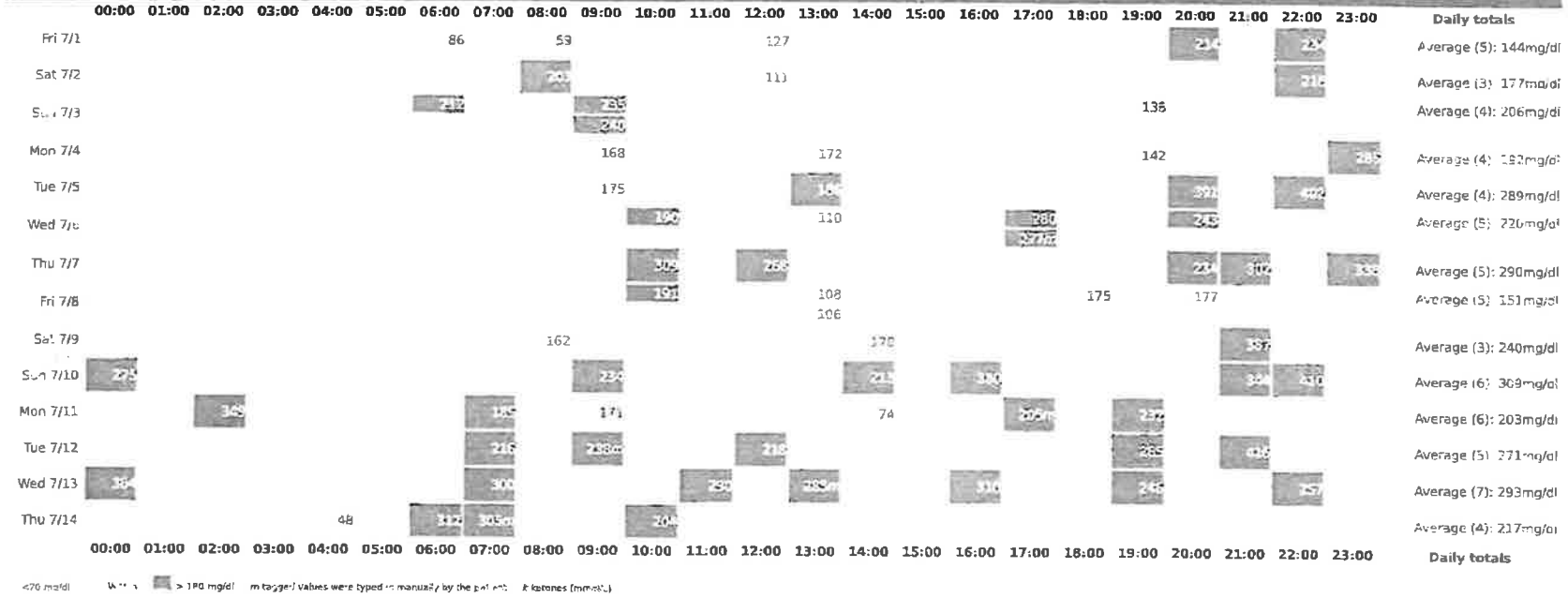
Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Glucose: Logbook/table



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

This report does not include CGM readings

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

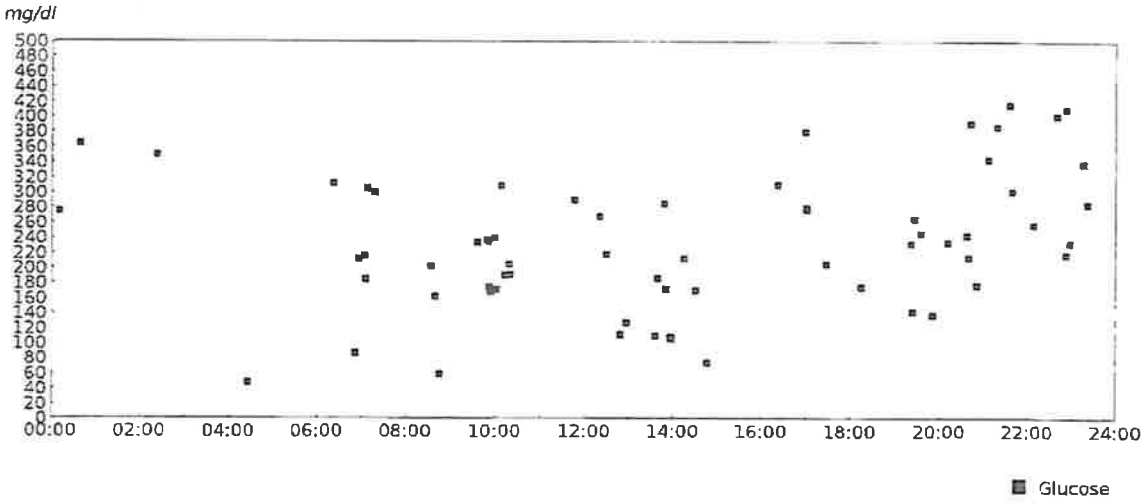
Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Glucose: Standard day



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

3 6 13

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

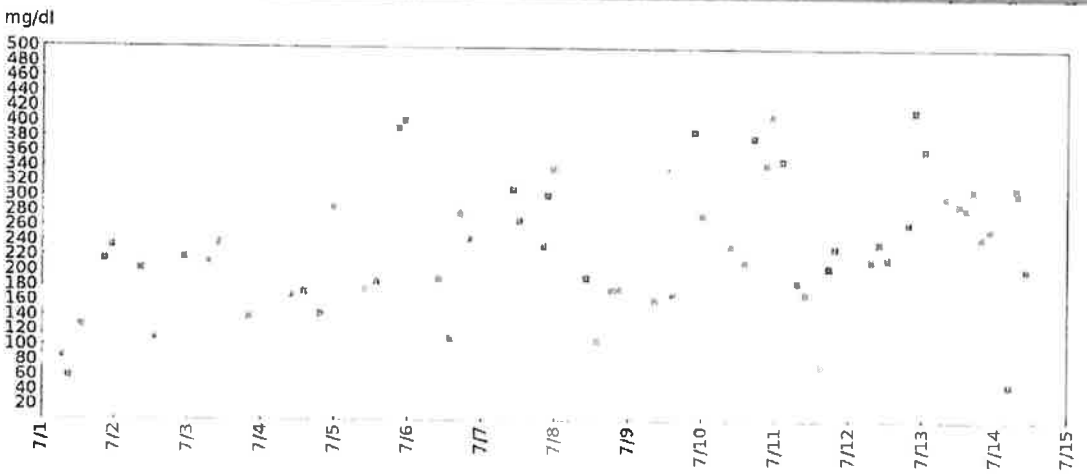
Date interval: [redacted]
Number of days: 14

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Glucose: Trend



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

Patient: [redacted]
Patient ID:
Print date:

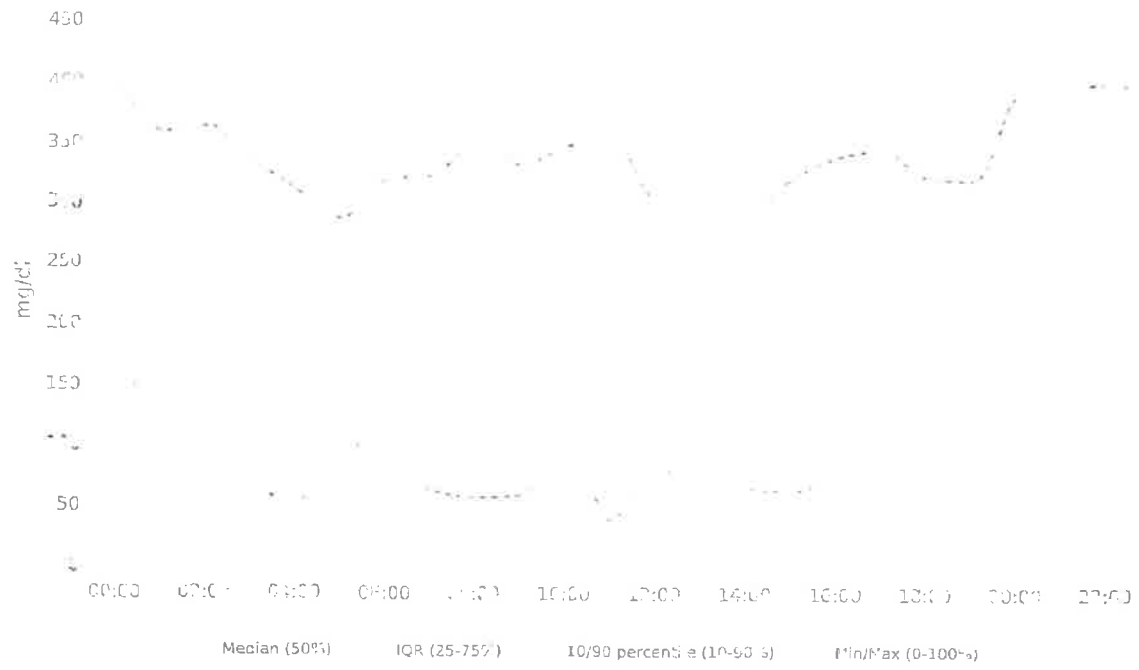
Date interval: [redacted]
Number of days:

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

CGM: Standard day



Statistics

Number of values:	3355	Values above goal (180 mg/dl):	2254	Highest value (mg/dl):	401	(07/13/2016 07:19)
Values per day:	239.6	Values within goal (70-180 mg/dl):	1068	Lowest value (mg/dl):	39	(07/08/2016 11:19)
Period average (mg/dl):	217	Values below goal (70 mg/dl):	33	Standard deviation:	75	

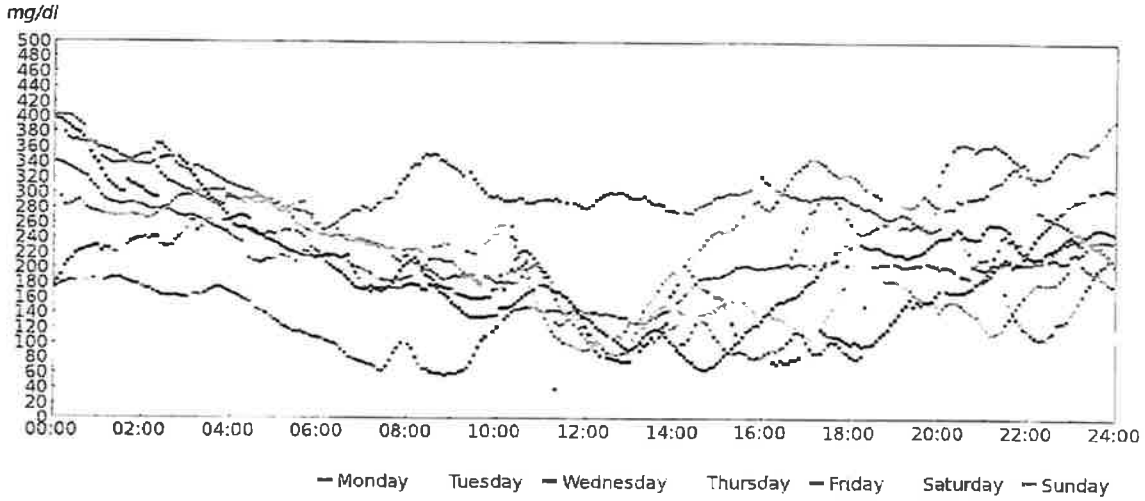
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]



Statistics

Number of values:	**3355**	Values above goal (180 mg/dl):	**2254**	Highest value (mg/dl):	**401**	(07/13/2016 00:19)
Values per day:	**239.6**	Values within goal (70-180 mg/dl):	**1068**	Lowest value (mg/dl):	**39**	(07/08/2016 11:19)
Period average (mg/dl):	**217**	Values below goal (70 mg/dl):	**33**	Standard deviation:	**75**	

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

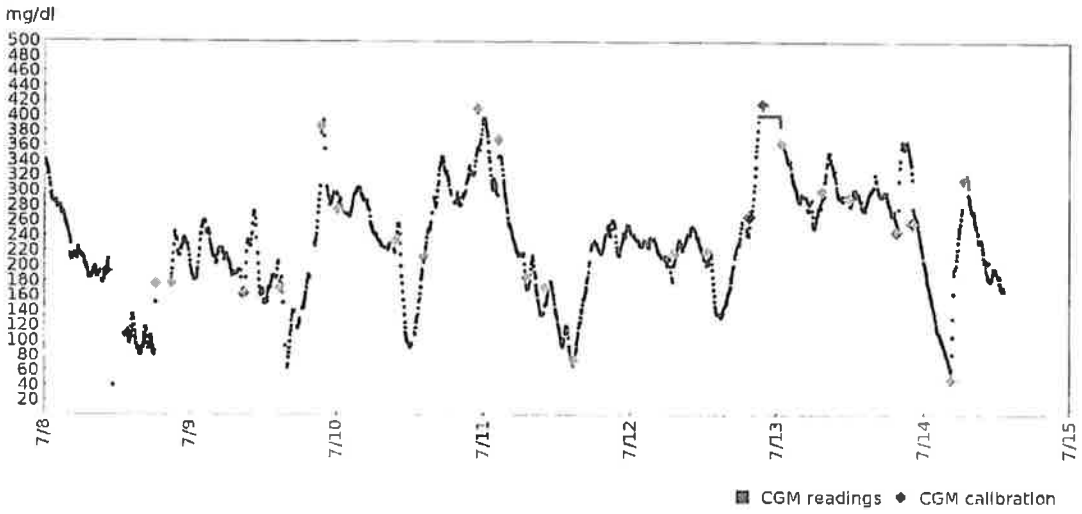
Date interval: [redacted]
Number of days: [redacted]

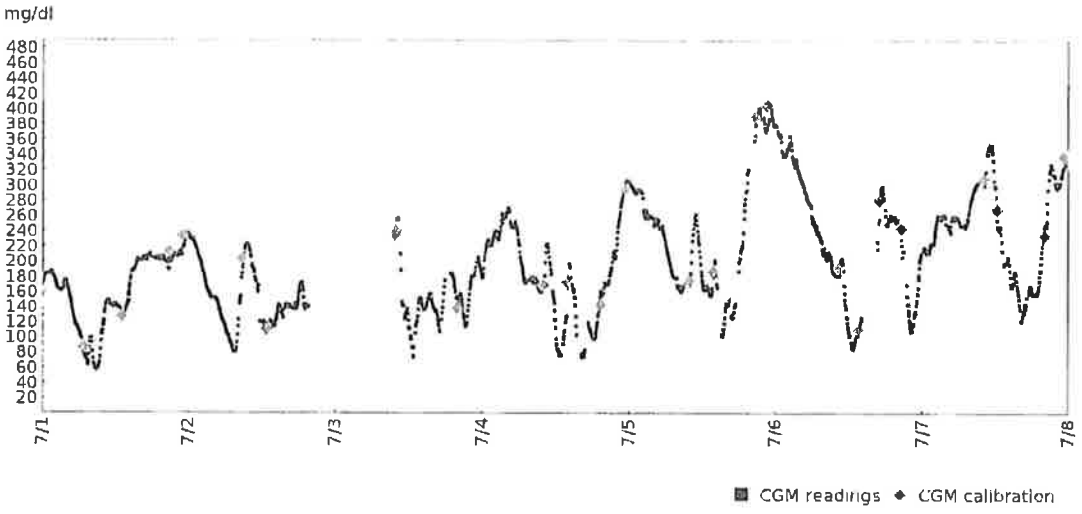
diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

CGM: Trend





Statistics

Number of values:	3355	Values above goal (180 mg/dl):	2254	Highest value (mg/dl):	401 (07/13/2016 00:19)
Values per day:	239.6	Values within goal (70-180 mg/dl):	1068	Lowest value (mg/dl):	39 (07/06/2016 11:19)
Period average (mg/dl):	217	Values below goal (70 mg/dl):	33	Standard deviation:	75

7 8 13

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

CGM : Statistics

	00	01	02	03	04	05	06	07	08	09	10	11
# of CGM Readings	151	156	154	156	156	155	156	155	151	135	154	142
Median CGM Value (mg/dl)	241	235	259	258	242	226	213	194	200	207	203	171
Avg CGM Value (mg/dl)	267	253	249	240	225	221	209	199	206	205	216	188
Min (mg/dl)	165	126	98	72	51	108	76	63	57	59	121	39
25% Quartile	201	215	227	213	206	211	192	175	168	169	180	142
75% Quartile	332	294	291	288	267	254	247	233	231	234	252	223
Max (mg/dl)	401	359	364	335	311	288	320	323	351	332	348	352
SD (mg/dl)	74	60	66	65	61	48	57	64	67	62	50	67

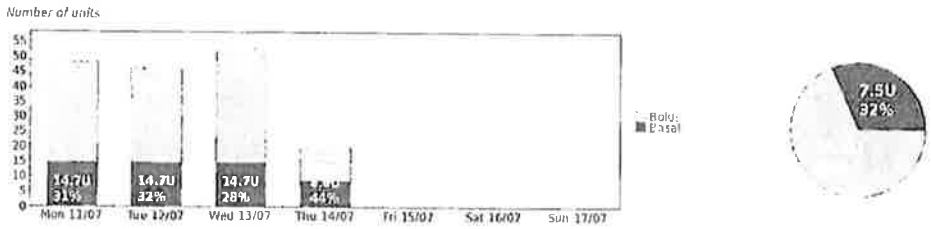
	12	13	14	15	16	17	18	19	20	21	22	23	Totals
# of CGM Readings	143	130	132	120	135	124	108	126	113	131	138	134	3355
Median CGM Value (mg/dl)	141	151	162	147	142	182	204	219	245	260	260	286	214
Avg CGM Value (mg/dl)	157	160	164	161	170	197	199	220	254	275	266	284	217
Min (mg/dl)	74	76	65	63	73	84	80	133	131	114	107	142	39
25% Quartile	108	119	131	118	126	128	155	179	191	207	214	228	163
75% Quartile	186	186	192	188	202	279	251	257	297	356	322	354	268
Max (mg/dl)	301	296	296	322	339	345	322	320	393	401	401	401	401
SD (mg/dl)	64	53	54	64	71	79	62	50	71	89	80	73	75

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]
Date interval: [redacted]
Number of days: [redacted]
Glucose meters: [redacted]
Insulin pump: [redacted]

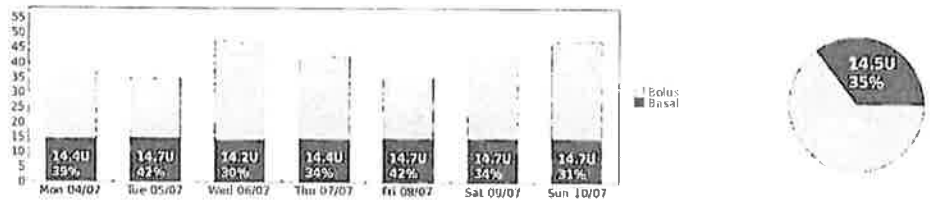
diasend

Insulin : Week

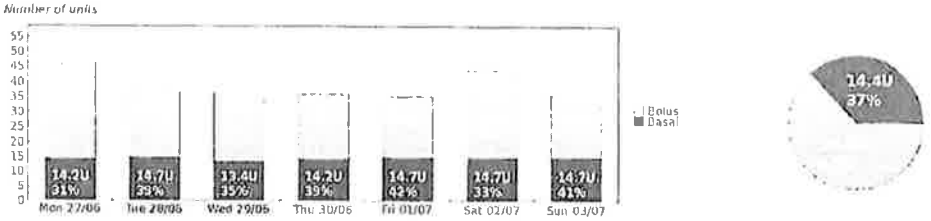
Week 28 (07/17/2016 - 07/23/2016)



Week 27 (07/10/2016 - 07/16/2016)



Week 26 (06/26/2016 - 07/02/2016)



Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date Interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Insulin : Bolus adherence

5 deviating boluses detected out of **67** bolus calculator assisted boluses (out of **67** boluses in total)

Date	Time	Delivered (U)	Calculated (U)	Bolus Type	Duration (min)	Pre-Bolus BG (mg/dl)	Post-Bolus BG (mg/dl)
07/05/2016	22:41	1.45	0.95			07/05/2016 22:40 : 402	07/06/2016 10:12 : 190
07/10/2016	16:59	2.00	1.85			07/10/2016 16:59 : 380	07/10/2016 21:06 : 344
07/12/2016	21:36	0.75	0.00			07/12/2016 21:35 : 416	07/13/2016 00:38 : 364
07/13/2016	16:22	1.50	0.90			07/13/2016 16:22 : 310	07/13/2016 19:34 : 246
07/14/2016	06:22	3.00	2.90			07/14/2016 06:21 : 312	07/14/2016 07:06 : 305

Insulin: Pump settings

Insulin pump settings for serial number [redacted] U[redacted]al)

Bolus

Setting	Value
Suggestion bolus	Enabled
Bolus Reminder Options enable	Disabled
Max Bolus	20 U
Extended	U

Basal

Setting	Value
Max Basal	1 U/h
Temp basal mode	Off
Active basal program	1

General

Setting	Value
Min BG for calcs	70 mg/dl
BG goal low	100 mg/dl
BG goal high	150 mg/dl
Insulin action	240 min
Reverse correction	Enabled
Low reservoir level	10.0 U
BG reminder	Disabled
Pod expiration	180 min
Auto-off alarm	Disabled
Reminder alerts	Disabled
Confidence alerts	Disabled
BG unit	mg/dl
BG sound	Disabled
Bolus increment	0.1 U
Language	English

I:C ratio settings

Start	1 U. [g]
1 00:00:00	10
2 05:00:00	5
3 22:00:00	10

ISF programs

Start	ISF [mg/dl]
1 00:00:00	55

BG target range settings

Start	Target [mg/dl]	Threshold [mg/dl]
1 00:00:00	150	150

Basal profiles

Program: 1

Start	Rate
1 00:00:00	0.850
2 03:00:00	0.800
3 06:00:00	0.500
4 17:00:00	0.550
5 23:00:00	0.950

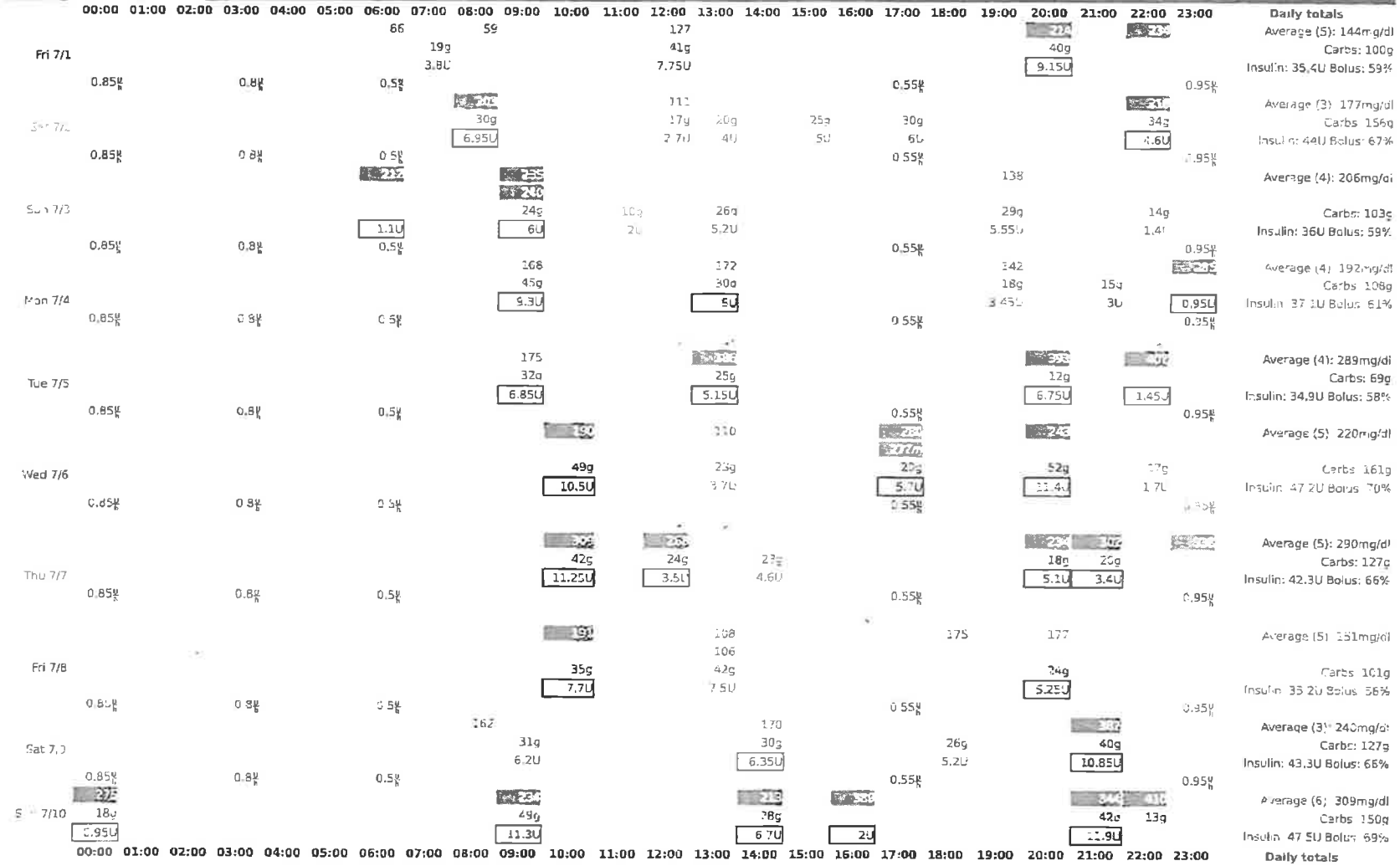
Sum: 14.700 U

Patient: [redacted] **Date interval:** [redacted]
Patient ID: **Number of days:** [redacted]
Print date:

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted]

Comparison: Logbook/table



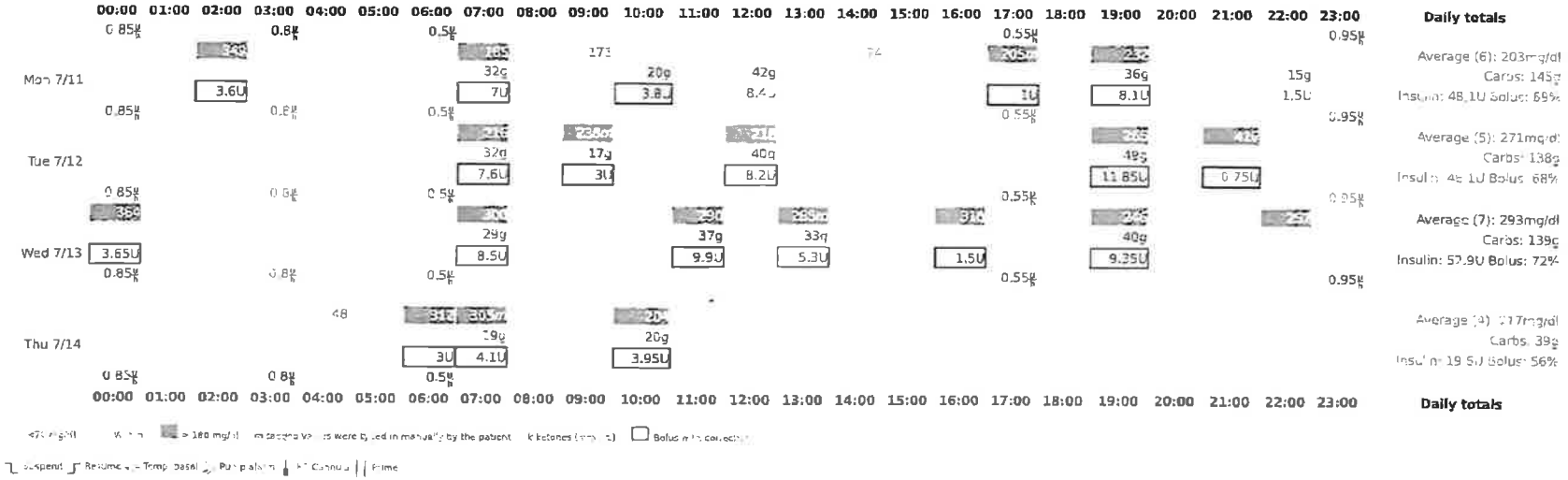
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

Patient:
Patient ID:
Print date:

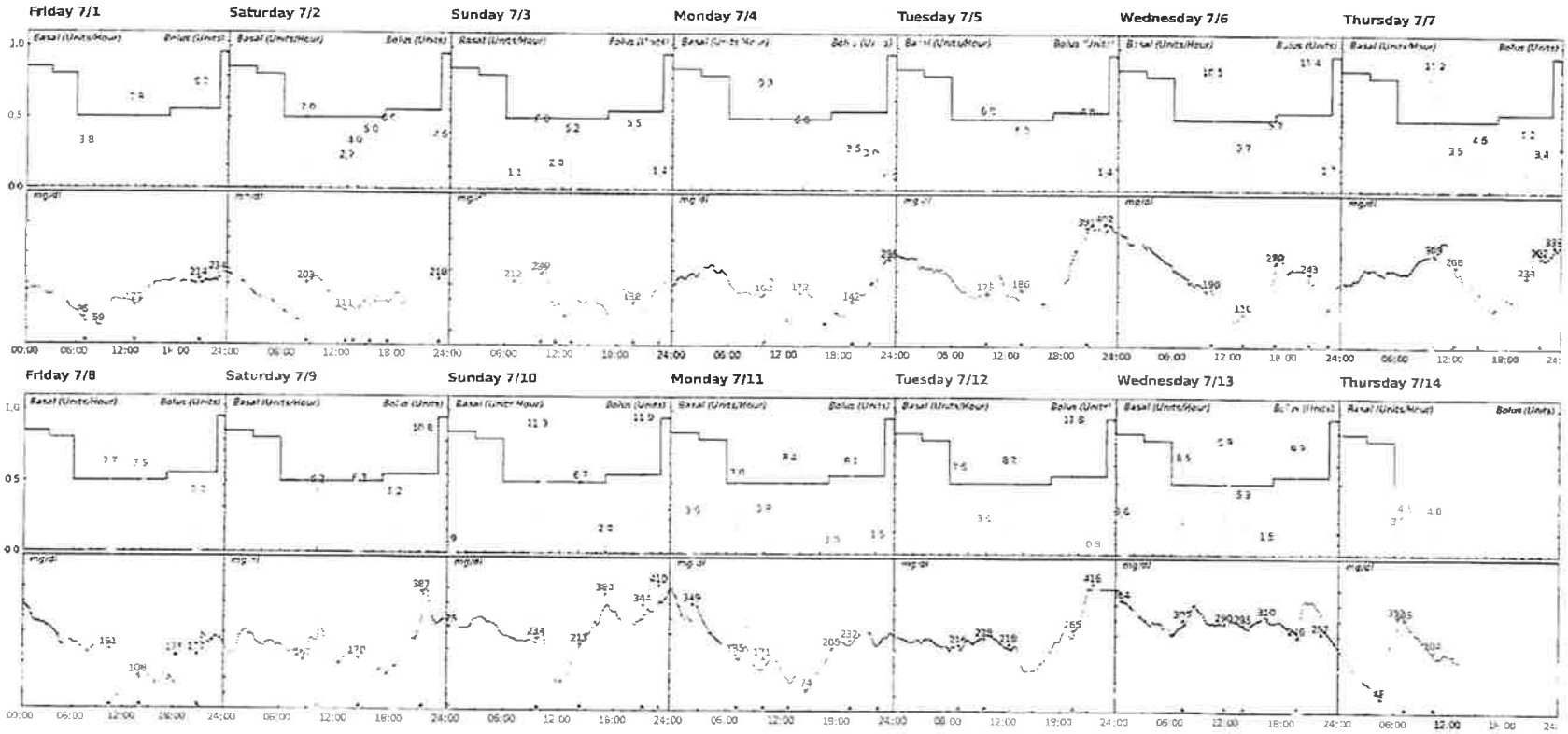
Date interval:
Number of days:

diasend

Glucose meters:

Insulin pump:

Comparison : Day by day overview



28
Tab Number

Continuous Glucose Monitoring
Issue

95250 - 95251
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Allan R. Glass, M.D.

Printed Signature

Endocrine Society

Specialty Society

August 24, 2016

Date

28
Tab Number

Continuous Glucose Monitoring
Issue

95250-95251
Code Range

Attestation Statement

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Signature

Felice Caldarella, MD, FACP, CDE, FACE
Printed Signature

American Association of Clinical Endocrinologists (AACE)
Specialty Society

September 6, 2016
Date

_28_____
Tab Number

Continuous Glucose Monitoring
Issue

95250-95251
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

_Howard Lando, MD, FACP, FACE__
Printed Signature

American Association of Clinical Endocrinologists(AACE)
Specialty Society

September 6, 2016____
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT® Long Descriptor: Ambulatory continuous glucose recording of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording

Global Period: XXX Meeting Date: October 6, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The practice expense recommendations were developed following discussions by an expert panel convened by AACE and the Endocrine Society. The expert panel included the RUC and CPT® Advisers from each society as well as other society members known to have extensive experience with this service.

   Expert panel members decided to substantiate their recommendations by collecting data on the clinical staff time from their personal practices. Panel members asked their clinical staff to keep a record for several weeks of patients undergoing continuous glucose monitoring (CGM). The clinical staff recorded the total clinical staff time for each patient for the encounter as well as the type of professional who was providing the service. Separate records were kept for the day of CGM placement (when the patient is hooked up to the CGM device) and the day of return (when the patient returns the CGM device back to the physician after wearing it at home for 72 hours). All data had been stripped of all patient identifiers prior to being submitted. Standard statistical analysis was performed on the data from 41 patients that was provided by five physicians. Results are listed below:

TOTAL CLINICAL STAFF TIME

	Placement Day	Return Day
Median	55	30
Mean	57	31
Standard deviation	14	16
Number	41	41

PROVIDER TYPE

CDE*	27	17
RN/CDE	10	10
NP	4	4
LPN	0	10

* CDE = certified diabetes educator. CDEs undergo advanced training and certification. Most CDEs are registered nurses or registered dietitians. LPNs and MTAs are not eligible to become CDEs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.

The reference code selected for the PE spreadsheet was the current CPT® code for this service, 95250, as per the RUC instructions.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre Service-Period Clinical Labor Activities: None

Service-Period Clinical Labor Activities:

- Prepare room, supplies
- Greet patient, gowning, check medical records
- Preparation of skin site and placement of sensor by clinical staff
- Attachment of transmitter by clinical staff and initiation of sensor session on receiver
- Clean room
- Removal of sensor
- Explanation of purpose of continuous glucose monitoring (CGM) and duration of test
- Explanation of difference between CGM and home blood glucose testing with finger sticks
- Explanation of parts of CGM device (sensor, transmitter & receiver)
- Explanation of general patient management of CGM device (placement during sleep; care during shower, exercise and other daily living activities)
- Explanation of how to maintain patient diary of activity, food, and medication
- Explanation of necessity of continuing finger sticks during CGM period and basing treatment during CGM period on the finger stick results and not on the CGM readings
- Explanation of importance of entering blood glucose results into CGM device twice daily (three times on day one)
- Explanation of how to enter blood glucose results into CGM device
- Explanation of precautions during CGM period (continue all medications, avoid acetaminophen, keep insulin injections at least 3 cm from sensor site, keep receiver within 20 feet of sensor)
- Explanation of button functions on CGM device
- Explanation of menus on CGM
- Explanation of trend graphs
- Explanation of profile choices
- Explanation of how to enter events into diary and devices and importance of doing so
- Explanation of when and how to charge receiver
- Explanation of alerts: selection of choices, programming, patient responses
- Explanation of CGM device settings
- Explanation of shutdown and stop sensor
- Explanation of placement choices for CGM sensor
- Explanation of two-hour startup period and entering startup blood glucose results
- Explanation of how to ensure accuracy of blood glucose meter and requirement to use same meter during entire period of CGM use
- Explanation of procedure if sensor site is uncomfortable or painful
- Explanation of procedure if tape or dressing begins to peel off
- Explanation of procedure if sensor falls off
- Explanation of resources available for assistance (i.e. Quick start guide, device manual, toll free numbers, educator's number/email

Post Service-Period Clinical Labor Activities:

- Recharging of CGM device
- Cleaning of CGM device
- Preparation of forms
- Downloading of data from CGM device to computer
- Downloading of events (meals, meds, etc.) from patient diary and/or blood glucose meter to computer
- Downloading of finger stick results from blood glucose meter and/or patient record to computer
- Utilizing computer to conduct appropriate data analyses
- Preparation on computer of appropriate formats for data display
- Printing out of CGM data and displays (equipment ED032, ED021)

*CPT five-digit codes, two-digit number modifiers, and descriptions only are copyright by the American Medical Association. No payment schedules, fee schedules, relative value units, scales, conversion factors, or components thereof are included in CPT. The AMA is not recommending that any specific relative values, fees, payment schedules, or related listings be attached to CPT. Any relative value scales or relative listings assigned to CPT codes are not those of the AMA, and the AMA is not recommending use of these relative values.

	A	B	C	D	E	F	G
1				REFERENCE CODE		RECOMMENDATION	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**95250 current RUC inputs**		**95250 recommendation 2016**	
3	**Meeting Date: October 2016 Tab: 28 Specialty: Endocrinology**	**CMS Code**	**Staff Type**	CPT® CODE DESCRIPTOR Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours;		CPT® CODE DESCRIPTOR- Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours;	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**107.0**	**0.0**	**85.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**5.0**	**0.0**		
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L047D	RN/RD			**0.0**	**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**77.0**	**0.0**		
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L047D	RN/RD			**52.0**	**0.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L042A	RN/LPN			**8.0**	**0.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**25.0**	**0.0**		
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	L042A	RN/LPN			**25.0**	**0.0**
14	**PRE-SERVICE**						
15	**Start: Following visit when decision for surgery or procedure made**						
16	Complete pre-service diagnostic & referral forms						
17	Coordinate pre-surgery services						
18	Schedule space and equipment in facility						
19	Provide pre-service education/obtain consent						
20	Follow-up phone calls & prescriptions						
21	Other Clinical Activity - specify: Verify supplies available	L037D	RN/LPN/MTA	**5**			
22	Other Clinical Activity - specify: Verify supplies available	L047D	RN/RD				
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**			
27	Greet patient, provide gowning, ensure appropriate medical records are available	L047D	RN/RD			**3**	
28	Obtain vital signs	L037D	RN/LPN/MTA	**3**			
29	Provide pre-service education/obtain consent						
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**			
31	Prepare room, equipment, supplies	L047D	RN/RD			**2**	
32	Setup scope (non facility setting only)						
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**			
34	**Intra-service**						
35	Assist physician in performing procedure						
36	Other Clinical Activity - specify: Inserting and initializing the device, education/instruction/counseling (see attached addendum and SOR)	L037D	RN/LPN/MTA	**60**			
37	Other Clinical Activity - specify: Inserting and initializing the device, education/instruction/counseling (see attached addendum and SOR)	L047D	RN/RD			**47**	
38	**Post-Service**						
39	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
40	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
41	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**4**			
42	Clean room/equipment by physician staff	L042A	RN/LPN			**3**	
43	Clean Scope						
44	Clean Surgical Instrument Package						
45	Complete diagnostic forms, lab & X-ray requisitions						
46	Review/read X-ray, lab, and pathology reports						
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
48	Other Clinical Activity - *specify: Remove sensor*	L042A	RN/LPN			**5**	
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
52	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE		RECOMMENDATION	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**95250 current RUC inputs**		**95250 recommendation 2016**	
3	**Meeting Date: October 2016 Tab: 28 Specialty: Endocrinology**	**CMS Code**	**Staff Type**	CPT® CODE DESCRIPTOR Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours;		CPT® CODE DESCRIPTOR- Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours;	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
53	**POST-SERVICE Period**						
54	**Start: Patient leaves office/facility**						
55	Conduct phone calls/call in prescriptions						
56	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
57	99211 16 minutes						
58	99212 27 minutes						
59	99213 36 minutes						
60	99214 53 minutes						
61	99215 63 minutes						
62	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
63	Other Clinical Activity - *specify: Downloading data, removing equipment*	L037D	RN/LPN/MTA	**25**			
64	Other Clinical Activity - *specify: Downloading data* (see attached addendum and SOR)	L042A	RN/LPN			**25**	
65	**End: with last office visit before end of global period**						
66	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
67	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
68	pack, shower protection for insulin pump	SA057	pack	**1**		**0**	
69	gloves, sterile	SB024	pair	**0**		**0**	
70	**sensor, glucose monitoring (interstitial)**	SD114	item	**1**		**1**	
71	dressing, 4in x 4.75in (Polyskin)	SG036	item	**1**		**1**	
72	dressing, OpSite IV 3000	SG045	item	**1**		**0**	
73	gauze, sterile 4in x 4in	SG055	item	**2**		**0**	
74	swab-pad, alcohol	SJ053	item	**1**		**1**	
75	paper, laser printing (each sheet)	SK057	item	**25**		**9**	
76	battery, AA	SK095	item	**4**		**0**	
77	**EQUIPMENT**	**CODE**					
78	printer, laser, paper (for line 64)	ED032		**25**		**2**	
79	computer, desktop, w-monitor (for line 64)	ED021		**60**		**15**	
80	table, exam	EF023		**90**		**60**	
81	glucose continuous monitoring system	EQ125		**4320**		**4400**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2017

Chronic Care Management Services

In February 2017, the CPT Editorial Panel created a new code to describe at least 30 minutes of chronic care management services performed personally by the physician or qualified health care professional over one calendar month. This service is different than existing chronic care management services 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 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* (work RVU = 1.00) which are performed by clinical staff under the supervision of a physician. The patient acuity criteria for all these services are the same but the physician work is different and more intense for 99491. CPT code 99491 cannot be reported with 99490 or 99487 and must capture all the work for the month.

The RUC reviewed the survey results from 153 physicians for CPT code 99491 and determined that the survey 25th percentile of 1.45 work RVUs appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes of intra-service time for 99491. The RUC compared the surveyed code to the top key reference service 99214 (work RVU = 1.50, 25 minutes intra-service time and 40 minutes total time) and determined that the physician work and time for 99491 is slightly less as this is a non face-to-face service. For additional support, the RUC referenced similar service 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU= 1.42 and 29 minutes total time). **The RUC recommends a work RVU of 1.45 for CPT code 99491.**

Practice Expense
There is a single clinical staff time input for this service, 15 minutes to *Perform procedure/service---NOT directly related to physician work time* and no supplies or equipment. The 15 minutes of time is distributed throughout the month and the clinical staff will typically perform the following tasks during this time:

- Relaying/communicating patient messages,
- Communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
- Coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP)

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An observer from CMS questioned why the clinical labor staff time is half that of the physician time. The specialty societies indicated that the clinical staff services would include patient maintenance activities such as answering questions, refilling prescriptions and calling home care agencies, that would extend beyond any activities included in other Evaluation and Management services. An additional concern that the description of clinical labor staff work may overlap with the physician work was addressed during the review. The specialty societies indicated that it is possible that in rare cases the requirements for 99490 (20 minutes clinical staff time) and 99491 (30 minutes of physician time) could both be met. However, this would not be the typical case and this situation would only arise if both the physician time and the clinical staff were tracked and documented. If both are tracked and documented then the physician would have the choice as to which code to report. **The RUC recommends that the specialties work with the AMA to develop a CPT Assistant article to clarify the proper reporting of code 99491 versus 99490. The RUC recommends the direct practice expense inputs without modification as submitted by the specialty societies and approved by the Practice Expense Subcommittee.**

New Technology/New Services
This service 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
Evaluation and Management **Care Management Services** Care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, or may be provided personally by a physician or qualified health care professional to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services may include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living. *A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social services ordered, how the services of agencies and specialists unconnected to the practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.*				

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Codes 99487, 99489, 99490, 99491 are reported only once per calendar month and may only be reported by the single physician or other qualified health care professional who assumes the care management role with a particular patient for the calendar month.

For 99490, 99487, and 99489 ~~T~~the face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals, and agencies; revising, documenting, and implementing the care plan; or teaching self-management is used in determining the care management clinical staff time for the month. Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient. For 99491, only count the time personally performed by the physician. Do not count any time of the clinical staff on the day of an initiating visit (the creation of the care plan, initial explanation to patient, and/or caregiver and obtaining consent) ***Note:*** *Do not count any clinical staff time on a day when the physician or qualified health care 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).*

Care management activities performed by clinical staff, or personally by the physician or other qualified health care professional typically include:

- *communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;*
- *communication with home health agencies and other community services utilized by the patient;*
- *collection of health outcomes data and registry documentation;*
- *patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;*
- *assessment and support for treatment regimen adherence and medication management;*
- *identification of available community and health resources;*
- *facilitating access to care and services needed by the patient and/or family;*
- *management of care transitions not reported as part of transitional care management (99495, 99496);*
- *ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;*
- *development, communication, and maintenance of a comprehensive care plan.*

The care management office/practice must have the following capabilities:

- *provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week;*
- *provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;*
- *provide timely access and management for follow-up after an emergency department visit or facility discharge;*
- *utilize an electronic health record system so that care providers have timely access to clinical information;*
- *use a standardized methodology to identify patients who require care management services;*
- *have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts*

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receiving them in a timely manner;
- *use a form and format in the medical record that is standardized within the practice;*
- *be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.*

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), anticoagulant management (99363, 99364), 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, 99491 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, 99491.

Care management may be reported in any calendar month during which the clinical staff time or physician/other qualified health care professional personal time requirements are met. If care management resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report Transitional Care Management Services. Do not report 99487, 99489, 99490 for any post-discharge care management services for any days within 30 days of discharge, if reporting 99495, 99496.

Chronic Care Management Services

Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Code 99490 is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities. Code 99491 is reported when 30 minutes of physician or other qualified health care professional personal time is spent in care management activities. Do not report 99490 in the same month as 99491.

#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.*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)
(Do not report 99490 in the same calendar month as 99487, 99489, 99491)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●99491	F1	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 (Do not report 99491 in the same calendar month as 99487, 99489, or 99490) (Do not report 99340, 99339 with 99491)	XXX	1.45

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:99491 Tracking Number F1 Original Specialty Recommended RVU: **1.85**
Presented Recommended RVU: **1.85**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **1.45**

CPT Descriptor: 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 / / (Do not report 99491 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
(adult) An 83-year-old woman with congestive heart failure and early cognitive dysfunction, who has been hospitalized twice in the prior 12 months, is becoming increasingly confused and refuses an office visit. She has a certified nursing assistant supervised by a home care agency, participates in a remote weight and vital signs monitoring program and sees a cardiologist and neurologist.

(child) A 6-year-old child with spastic quadriplegia, gastrostomy, gastroesophageal reflux with recurrent bouts of aspiration pneumonia and reactive airway disease, chronic seizure disorder, failure to thrive and severe neurodevelopment delay. He receives home occupational, physical and speech therapy services.

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: These chronic care management services are management (CCM) and support services personally provided by a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services typically include establishing, implementing, revising, or monitoring the care plan; coordinating the care of other professionals and agencies; and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides and or oversees the coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.
A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community and social services ordered, how the services of agencies and specialists unconnected to the practice will be directed and coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

The care management office/practice must have the following capabilities:
Provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients and caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week; provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; provide timely access and management for follow up after an emergency department visit or facility discharge; utilize an electronic health record system so that care providers have timely access to clinical information; use a standardized methodology to identify patients who require care management services; have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner; use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	John Agens, MD, Jennifer Aloff, MD, Kevin Kerber, MD, Mary Newman MD		
Specialty(s):	American Academy of Neurology, American College of Physicians, American Academy of Family Physicians and American Geriatrics Society		
CPT Code:	99491		
Sample Size:	8918	**Resp N:** 153	**Response:** 1.7 %
Description of Sample:	All societies selected 1000 to 2000 randomly selected members for this survey.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	45.00	2592.00
Survey RVW:	0.00	1.45	**1.85**	2.30	100.00
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	20.00	**30.00**	45.00	158.00

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:	99491	**Recommended Physician Work RVU: 1.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.11	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
99215	XXX	2.11	**RUC Time**	9,446,476

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
99495	XXX	2.11	**RUC Time**

CPT Descriptor 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

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:** 23.5 **%**

Number of respondents who choose 2nd Key Reference Code: 35 **% of respondents:** 22.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 99491	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code:** **99215**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	30.00	25.00	35.00
Median Immediate Post-service Time	0.00	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	**30.00**	**40.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**

Overall intensity/complexity	0%	6%	36%	50%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	22%	36%	42%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	33%	61%
Urgency of medical decision making	31%	47%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	67%	22%
Physical effort required	8%	72%	19%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	3%	44%	53%
Outcome depends on the skill and judgment of physician	3%	56%	42%
Estimated risk of malpractice suit with poor outcome	31%	50%	19%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	31%	49%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	14%	40%	46%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	51%	43%
Urgency of medical decision making	23%	43%	34%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	60%	34%
Physical effort required	3%	63%	34%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	9%	29%	63%
Outcome depends on the skill and judgment of physician	3%	46%	51%
Estimated risk of malpractice suit with poor outcome	0%	40%	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.

The American Geriatrics Society (AGS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), and the American Academy of Neurology (AAN) conducted joint random surveys of their memberships in March 2017 for CPT code 99491. A joint AGS, ACP, AAFP, and AAN RVS expert panel ("joint panel") consisting of physician advisors reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions.
There were 153 responses (65 geriatricians, 24 internists, 10 family physicians, 50 neurologists, 4 other identified in other, as pediatric, endocrinologists or cardiologists) to the survey request with a median performance rate of 10; 93% of the survey respondents found the vignette to be typical. The RUC summary contains a breakout of medical specialty self-identified by the respondents. The number of responses meet RUC criteria and the majority of respondents perform this service.
The two key reference services were 99214 (36 responses) and 99215 (35 responses). The joint panel agreed that this even split in the two most common reference services chosen indicates that the recommended RVW for 99491 should be in-between that of 99214 and 99215. In addition, while 99487 was not one of the most commonly chosen reference services, the joint panel kept in mind that 99491 is the physician work equivalent of 99487 (Complex chronic care management services with clinical staff time of 60 minutes) and that it is important that the physician time and RVW for 99491 and 99487 also be in proper rank order. The joint panel also kept in mind the required elements for 99491 which are:

> 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

The joint panel also noted that this service does not include any pre and post service time, because it describes care furnished over a calendar month. Therefore, the reliability of the intra-service time data is critical to appropriately valuing the service.
After agreeing on these initial considerations, the joint panel reviewed the survey results, the times and RVWs of the two major reference services and other related E/M services.

First, the joint panel reviewed the survey results. The median times for all specialties was similar and among the three specialties with the most respondents was 28, 30, and 31 minutes. For respondents who chose 99214 as the key reference service, the median survey code time was 30 minutes and for respondents who chose 99215, the median survey code times was 35 minutes. The distribution was normal across all specialties. The joint panel concluded that the time data was reliable.

The median work RVW varied among specialties but the distribution was normal for each specialty and for the aggregate. The panel then looked at the data for respondents who chose 99214 as the key reference service. Those respondents had a median RVW of 1.51 and the 25th percentile RVW was 1.50. For respondents who chose 99215 as the key reference service, the median RVW was 2.11 and the 25th percentile RVW was 2.05. The panel noted this very tight distribution felt that the survey median of 1.85 fell almost exactly in the middle of these two groups and had significant face validity.

The joint panel then reviewed the times and RVWs of 99214 and 99215. 99214 has an RVW of 1.5 and times of 5/25/10/40 and 99215 has an RVW of 2.11 and times of 5/35/15/55. In connection with comparing 99491 to 99214 and 99215, the joint panel noted that while 994X7 has no specific requirement for level of medical decision-making, 99214 requires moderate complexity medical decision making and 99215 requires high complexity medical decision making. Based on the survey data and the split choice of 99214 and 99215 as key reference services, the joint panel believes it likely that half the services described by 994X7 require highly complex medical decision making and half require moderately complex medical decision making and that this is clearly reflected by the survey median RVW of 1.85.

The joint panel also noted the survey median intensity/complexity measures indicate that the respondents believe that 99491 is more intense/complex than both 99214 and 99215. The joint panel agreed that even though the total time for 99491 is less than the total times for 99214 and 99215, that all the time is intra-service, that the median time for 99491 is 5 minutes longer than the intra-service time for 99214 and the higher intensity/complexity measures support the median survey RVW. Furthermore, the median RVWs for respondents who chose 99214 or 99215 as the key reference service was practically identical to the reference service chosen and the survey median RVW of 1.85 is almost exactly between the 99214 and 99215 RVWs of 1.5 and 2.11. In addition, the joint panel agreed that the 25th percentile RVW of 1.45 was too low and undervalued the service.

In addition, the panel reviewed 99487 which has 26 minutes of intra-time and an RVW of 1.0 and is much less intense than 994X7 because the physician work for 99487 is entirely supervision of clinical staff and the work of 99491 is entirely direct patient care.

The joint panel also reviewed a number of other services:

- The transitions of care management (TCM) codes, 99495, RVW 2.11 with an intra-service (and total) time of 40 minutes, and 99496, RVW 3.05 and intra-service (and total) time of 50 minutes and agreed that the shorter median time of 30 minutes and the median RVW of 1.85 place 99491 in proper rank order with those codes
- 70496 (CTA Head) and 70498 (CTA Neck) both with times of 5/20/5/30 and an RVW of 1.75 that were RUC reviewed in 2014
- 70552 (MRI Brain Stem w contrast) with times of 5/20/7/32 and an RVW of1.78 that was RUC reviewed in 2013
- 74176 (CT Abdomen and Pelvis w/o contrast) that has times of 5/22/5 and an RVW of 1.74 that is an MPC code and RUC reviewed in 2010.

The joint panel agreed that the greater intensity of 994X7 as compared to the imaging services supported the survey median RVW.

Recommendations

In summary, for 99491 tracking number F1 **we recommend the median RVW of 1.85 of and the median intra-service time of 30 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)

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 Family Practice How often? Sometimes

Specialty Geriatrcians How often? Sometimes

Specialty GP/Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 400000
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. In terms of utilization – Medicare utilization for the new code is expected to be 10% of 99490 and that total utilization will be double that. The total 2016 utilization for 99490 was 2,260,521 (according to the RUC database). Therefore we estimate a total of 200,000 Medicare and 400,000 all payers.

Specialty Family Practice Frequency 100000 Percentage 25.00 %

Specialty Geriatrcians Frequency 100000 Percentage 25.00 %

Specialty GP/Internal Medicine Frequency 100000 Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200,000 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. In terms of utilization – Medicare utilization for the new code is expected to be 10% of 99490 and that total utilization will be double that. The total 2016 utilization for 99490 was 2,260,521 (according to the RUC database). Therefore we estimate a total of 200,000 Medicare and 400,000 all payers.

Specialty Family Practice Frequency 50000 Percentage 25.00 %

Specialty Geriatrcians Frequency 50000 Percentage 25.00 %

Specialty GP/Internal Medicine Frequency 50000 Percentage 25.00 %

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:
Other

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. 99214

ISSUE: Complex Chronic Care Management by Physician or QHP
TAB: 9

Percent Vig Typica	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
24%	REF 1	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	36	0.047	1.5					40	5	25					10					
23%	REF 2	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided	35	0.047	2.11					55	5	35					15					
93%	SVY Total	99491	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 / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report	153	0.062	0.00	1.45	1.85	2.30	100.00	30		0	20	30	45	158		0	1	10	45	2592
100%	Family Medicine	99491	CCM provided personally by a physician / QHP	10	0.051	1.20	1.50	1.78	2.00	20.00	35		15	30	35	39	80		0	3	8	19	2400
100%	Internal Medicine/GP	99491	CCM provided personally by a physician / QHP	24	0.058	0.00	1.28	1.60	2.50	100.00	27.5		6	20	28	39	60		0	1	8	60	1100
100%	Geriatrics	99491	CCM provided personally by a physician / QHP	65	0.067	0.00	1.50	2.00	2.50	100.00	30		0	20	30	45	158		0	1	15	50	2000
82%	Neurology	99491	CCM provided personally by a physician / QHP	50	0.054	0.50	1.44	1.67	2.11	5.20	31		1	22	31	47	120		0	0	4	40	2592
75%	Other: Pediatric/ Endocrinology	99491	CCM provided personally by a physician / QHP	4	0.060	1.00	1.60	2.00	5.40	15.00	34		10	25	34	39	43		3	8	13	16	320
	REC	99491	CCM provided personally by a physician / QHP		0.048	1.45					30				30								

CPT Code: 99491
Specialty Societies: AGS, AAFP, ACP, AAN

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
99491 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 / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)

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:
RUC advisors from all of the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense 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 chose to compare to similar services with varying times, the major difference is that the new code 994X7 is unlike the three below in that a major portion of the work is done by the physician. This does not mean that all work is done by physician, there is still work necessary by clinical staff.

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.

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.;

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)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Intra-Service (of Service Period): ***(Service Period is Calendar Month for this 994X7)***

The clinical staff perform the following tasks over the month the service is furnished:

- Call(s) in or email prescription(s)
- communicate with the patient or caregiver if the physician is not available
- receive, review and send tests results and other clinical information to and from other care givers
- schedule appointment(s) with other healthcare providers and outside agencies
- take call(s) from patient or contact patient when MD available for call

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:*

Detail breakout of Intra-service Clinical Staff:

Five minutes per month in relaying/communicating patient messages,
five minutes in communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
and five minutes for coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP for a total time of 15 minutes.

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:

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: 99491
Specialty Societies: AGS, AAFP, ACP, AAN

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
99491 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 / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)

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:
RUC advisors from all the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense 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 chose to compare to similar services with varying times, the major difference is that the new code 994X7 is unlike the three below in that a major portion of the work is done by the physician. This does not mean that all work is done by physician, there is still work necessary by clinical staff.

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.

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.;

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)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Intra-Service (of Service Period): ***(Service Period is Calendar Month for this 994X7)***

The clinical staff perform the following tasks over the month the service is furnished:

- Call(s) in or email prescription(s)
- communicate with the patient or caregiver if the physician is not available
- receive, review and send tests results and other clinical information to and from other care givers
- schedule appointment(s) with other healthcare providers and outside agencies
- take call(s) from patient or contact patient when MD available for call

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:*

Detail breakout of Intra-service Clinical Staff:

Five minutes per month in relaying/communicating patient messages,
five minutes in communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
and five minutes for coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP for a total time of 15 minutes.

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:

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:

Tab 9 CCM by Physician 994X7

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE CODE**		**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*				**G0181**		**99490**		**99487**		**99489**		**99491**	
3		***RUC Collaboration Website***													
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 9** **Specialty: AGS, AAFP, ACP, AAN**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not		Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care		Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions		Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions		Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**36.0**	**0.0**	**20.0**	**20.0**	**60.0**	**60.0**	**30.0**	**30.0**	**15.0**	**15.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**18.0**	**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	**18.0**	**0.0**	**20.0**	**20.0**	**60.0**	**60.0**	**30.0**	**30.0**	**15.0**	**15.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF 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**
11		**PRE-SERVICE PERIOD**													
12		**Start: Following visit when decision for surgery or procedure made**													
13	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* **See Instructions for extensive/minimal use guidelines*	L037D	RN/LPN/MTA	3									
14	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* **See Instructions for extensive/minimal use guidelines*	L037D	RN/LPN/MTA										
15	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* **See Instructions for extensive/minimal use guidelines*	L037D	RN/LPN/MTA										
16	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* **See Instructions for extensive/minimal use guidelines*	L037D	RN/LPN/MTA										
17	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* **See Instructions for extensive/minimal use guidelines*	L037D	RN/LPN/MTA										
18	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L037D	RN/LPN/MTA										
19	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA										
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA	15									
27		**End: When patient enters office/facility for surgery/procedure**													
28		**SERVICE PERIOD**													
29		**Start: When patient enters office/facility for surgery/procedure:**													
30		**Pre-Service (of service period)**													
46		**Intra-service (of service period)**													
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA										
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA										
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	This is NOT standard Percentage must be included on PE SOR	L037D	RN/LPN/MTA										
50	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L037D	RN/LPN/MTA	18	0	20	20					15	15
51	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L051A	RN					60	60	30	30		
57		**Post-Service (of service period)**													
79		**End: Patient leaves office**													
80		**POST-SERVICE PERIOD**													
81		**Start: Patient leaves office/facility**													
97		**End: with last office visit before end of global period**													
98	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**										
99	SA048	pack, minimum multi-specialty visit		1.143	pack	0	0	0	0	0	0	0	0	0	0
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*													
106	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	**PRICE**	**EQUIPMENT FORMULA**										
107	EF023	table, exam		1338.17		0	0	0	0	0	0	0	0	0	0
113		*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

April 2017

Injection Tendon Origin/Insertion

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. CPT code 20551 was identified on this list.

The RUC reviewed the survey results from 249 podiatrists, rheumatologists, physiatrists, orthopaedic surgeons, hand surgeons and foot and ankle surgeons and determined that it was appropriate to maintain the current work RVU of 0.75, which also represents both the survey median and 25th percentile. The specialty societies recommended pre-time package 6, but reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with and E/M service that is typically reported on the same day. The RUC carefully examined potential overlap with an E/M service and recommends 5 minutes evaluation time, 1 minute positioning time, 5 minutes scrub/dress/wait time, 5 minutes of intra-service time, and 5 minutes of post-service time. The five minutes of evaluation time includes time to obtain consent after discussion of possible complications and also includes time to prepare for the procedure which includes confirming availability of necessary supplies and instruments and preparation of syringes; one with local anesthetic and one with mixed anesthetic and steroid. The one minute for positioning includes both positioning the patient for the injection and confirming the injection site. The five minutes for scrub/dress/wait time accounts for prepping the injection site, injecting the local anesthetic and waiting for anesthetic effect.

The RUC compared CPT code 20551 to the top two key reference service codes 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU = 0.75) and 20605 *Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance* (work RVU = 0.68) and noted that the recommended total pre-service time of 11 minutes is consistent with the pre-service time in the key reference service codes both of which include a reduction in time to account for an E/M service billed concurrently. Key reference code 20550 represents the same overall work while the second key reference code 20605 involves somewhat less physician work. This is supported by the intensity/complexity measures from providers familiar with both services that indicated 20551 is more complex/intense than 20605. Further, the recommended value maintains the accepted intensity/complexity rank order and relativity for code 20551 with many other injection procedures requiring 5 minutes of intra-service time. For additional support, the RUC compared the survey code to multi-specialty point of comparison CPT codes 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU = 0.71) and 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* (work RVU = 0.84). Finally, the RUC also compared code 20551 with 12 other recently reviewed and similar codes that have 5 minutes of intra-time and determined that a work RVU of 0.75 is appropriate relative to these

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other services. The RUC determined that the key reference codes and comparable MPC codes support maintaining the current work value for the survey code.

The RUC agreed with the consensus of the specialty societies that the physician work for this service has not changed since 2002 and recommends that the work RVU be maintained as supported by the current survey 25th and median work RVU. **The RUC recommends a work RVU of 0.75 for CPT code 20551.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Further, the specialty societies identified potential misreporting of CPT code 20551. For CMS consideration, the Medicare Provider Utilization data indicates that 15 nurse practitioners and physician assistants out of over 1700 providers represented 21% of the total 2014 utilization. In addition, these 15 providers typically reported CPT code 20551 in units of 4-5 per day/session. **The RUC requests that CMS investigate the potential misreporting of CPT code 20551.**

Practice Expense

The Practice Expense Subcommittee reduced the time to *Prepare room, equipment and supplies* (CA013) from 3 minutes to the standard of 2 minutes. The PE Subcommittee discussed the potential for overlap with the evaluation and management service with the time for preparing the room, supplies and equipment. It was determined that this time addresses the preparation of the supplies related directly to the injection itself including logging injectables (eg, name, lot, expiration date) into the medical record and does not overlap with preparing the room for an E/M visit. CMS staff questioned whether the patients present with pain only and tried to discern any overlap with E/M. The specialties explained that it is typical to first examine the patient to determine where the pain is coming from and to determine if an injection or another procedure is medically necessary. Often times, the initial treatment is conservative medical management. In addition, the PE Subcommittee discussed the potential for

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overlap with E/M with the time for clean room/equipment. It was determined that the cleaning time for this code addresses the cleaning of supplies related directly to the injection itself, including sharps disposal and logging injectables back into storage, and was appropriate.

At the RUC meeting, there was discussion that the exam light should be removed. The light was erroneously left in by the Subcommittee with the assumption that it was part of the standard office E/M. The RUC agreed to removal of the exam light. The RUC recommends the direct practice expense inputs as approved with modification by the PE Subcommittee and an additional amendment by the RUC.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
20551	Injection(s); single tendon origin/insertion	000	0.75 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20551 Tracking Number n/a Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 Current Work RVU: **0.75** RUC Recommended RVU: **0.75**

CPT Descriptor: Injection(s); single tendon origin/insertion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
Vignette 1: Localize and inject region of the insertion of ECRB on the lateral epicondyle.

Vignette 2: Localize and inject region of the insertion of the peroneus brevis tendon on the base of the fifth metatarsal.

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 procedure is explained to the patient and family, possible complications are discussed, and consent is obtained. Availability of necessary supplies and instruments is verified. Gloves are donned. Syringes are prepared, one with local anesthetic and one with mixed anesthetic and steroid. The patient and extremity are positioned and the injection site is confirmed. The injection site is prepped and local anesthetic is infiltrated.

Description of Intra-Service Work:
Vignette 1: The lateral aspect of the elbow is palpated with identification of the lateral epicondyle and re-confirmation of the origin of the extensors. A needle is inserted through the skin and advanced deep to the extensor muscle mass into the attachment of the extensor carpi radialis brevis. Care is taken to stay in the muscle plane superficial to the joint. After negative syringe pressure confirms no evidence of intravascular or synovial fluid uptake, the injectate is delivered. The needle is removed. Pressure is applied to the injection site to achieve hemostasis.

Vignette 2: The fifth metatarsal is palpated and the insertion of peroneus brevis tendon is re-confirmed. A needle is inserted through the skin and advanced to an area superficial to the medial and lateral expansions of the tendon insertion. After negative syringe pressure confirms no evidence of intravascular uptake, the injectate is delivered. The needle is removed. Pressure is applied to the injection site to achieve hemostasis.

Description of Post-Service Work: Cleanse the injection area and apply a bandage. Monitor the patient for any hemodynamic changes or other potential complications from the injection. In the immediate post-procedure anesthetic period, passive joint range of motion and provocative testing is performed to confirm appropriate delivery of the injectate. Instruct patient and/or caregiver on appropriate activities and home care, including bathing restrictions. Advise the patient regarding signs related to increased pain at the injection site, which may occur within 24 to 48 hours, and the appropriate treatment if pain occurs. Counsel patient on the risk of infection. Confirm patient understanding of post-procedure rehabilitation protocol. Document the procedure in the patient's medical record and send a copy to the primary care physician and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Matthew Grierson, MD; Brooke Bisbee, DPM; Lloyd Smith, DPM; Anne Miller, MD; William Creevy, MD; John Heiner, MD; Fredrica Smith, MD; Peter Mangone, MD		
Specialty(s):	AAPM&R, APMA, ASSH, AAOS, ACR (rheumatology), AOFAS		
CPT Code:	20551		
Sample Size:	2872	**Resp N:** 249	**Response:** 8.6 %
Description of Sample:	Random selection from each society membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	500.00
Survey RVW:	0.50	0.75	**0.75**	0.80	1.40
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	3.00	**5.00**	5.00	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 **0.00** 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:	20551	**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**	**17.00**	**-12.00**
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:		**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)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**		**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
20550	000	0.75	**RUC Time**

CPT Descriptor Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20605	000	0.68	**RUC Time**

CPT Descriptor Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound 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
67820	000	0.71	**RUC Time**	247,521

CPT Descriptor 1 Correction of trichiasis; epilation, by forceps only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	188,177

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
		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: 154 **% of respondents:** 61.8 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 6.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 20551	Top Key Reference CPT Code: 20550	2nd Key Reference CPT Code: **20605**
Median Pre-Service Time	11.00	11.00	11.00
Median Intra-Service Time	5.00	5.00	5.00
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	**21.00**	**21.00**	**21.00**
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%	4%	66%	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	3%	64%	33%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2%	75%	23%
Urgency of medical decision making	3%	92%	5%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	66%	31%
Physical effort required	1%	90%	9%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	3%	66%	31%
Outcome depends on the skill and judgment of physician	1%	68%	31%
Estimated risk of malpractice suit with poor outcome	3%	73%	24%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	29%	65%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	18%	35%	47%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	88%	6%
Urgency of medical decision making	6%	88%	6%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	53%	29%
Physical effort required	6%	76%	18%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	18%	47%	35%
Outcome depends on the skill and judgment of physician	0%	71%	29%
Estimated risk of malpractice suit with poor outcome	6%	59%	35%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M service 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. Code 20551 was identified on this list.

Survey Sample and Process

The survey request was sent to a random selection from the membership database for all participating societies. The American Academy of Orthopaedic Surgeons (AAOS), American Academy of Physical Medicine & Rehabilitation (AAPM&R), American College of Rheumatology (ACR), American Podiatric Medical Association (APMA), American Society for Surgery of the Hand (ASSH), and American Orthopaedic Foot and Ankle Society (AOFAS) conducted a RUC survey using the two typical patient vignettes from the RUC database; one for upper extremity and one for lower extremity. As with the previous survey, respondents were allowed to choose their typical patient by checking one of the vignettes. For this survey, 59 of the respondents chose the upper extremity vignette and 163 chose the lower extremity vignette. In addition, 27 respondents indicated that neither vignette was their typical patient. These respondents described different tendon insertion injection sites in the upper or lower extremity (eg, flexor digitorum tendon insertion, posterior tibial tendon insertion). As shown on the RUC Summary table, the median work RVU and median intra-time were identical for the two vignettes.

Pre-time Package 6

We recommend pre-time package 6, but have reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with an E/M service that is reported more than 50% of time. The recommended total pre-time of 11 minutes is consistent with the pre-time for key reference codes 20550 and 20605; both KRS codes included a reduction in time to account for an E/M service billed concurrently.

Key Reference Codes

The value for 20551 ranks appropriately relative to the key reference services. KRS1 20550 represents the same overall work. KRS2 ranks lower than 20550. Injecting into the tendon sheath (20550) is technically more difficult than injecting or aspirating from a joint (KRS2 20605). This is supported by the I/C measures from providers familiar with both services that indicated 20551 is more complex/intense than 20605.

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
67820	Correction of trichiasis; epilation, by forceps only	**0.71**	0.100	**15**	8	**5**	2
20551	Injection(s); single tendon origin/insertion	**0.75**	0.093	**21**	11	**5**	5
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	**0.84**	0.059	**22**	7	**10***	5

*When 12001 was reviewed in 2010, the intra-time included inject local anesthetic and wait for affect, which should have been included in the pre-time category.

Other Comparison Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	**0.66**	0.075	**21**	11	**5**	5
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	**0.68**	0.079	**21**	11	**5**	5
20612	Aspiration and/or injection of ganglion cyst(s) any location	**0.70**	0.073	**20**	10	**5**	5
65205	Removal of foreign body, external eye; conjunctival superficial	**0.71**	0.097	**15**	5	**5**	5
67820	Correction of trichiasis; epilation, by forceps only	**0.71**	0.100	**15**	8	**5**	2
64450	Injection, anesthetic agent; other peripheral nerve or branch	**0.75**	0.083	**20**	10	**5**	5
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	**0.75**	0.083	**21**	11	**5**	5
20551	Injection(s); single tendon origin/insertion	**0.75**	0.083	**21**	11	**5**	5
64455*	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	**0.75**	0.083	**21**	11	**5**	5
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	**0.79**	0.101	**21**	11	**5**	5
67515	Injection of medication or other substance into Tenon's capsule	**1.40**	0.208	**21**	11	**5**	5
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	**1.44**	0.226	**22**	12	**5**	5
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	**1.44**	0.213	**25**	15	**5**	5

*Current recommendation for April 2017. See Tab 18.

Recommendation - 20551

We recommend maintaining the work RVU of 0.75 for 20551. This value is also the survey median and 25th percentile. The work to perform this procedure has not changed since this code was last reviewed (2002) and the survey data support this. This value maintains the RUC, specialty, and CMS accepted intensity/complexity rank order and relativity for code 20551 with many other injection codes and procedures requiring 5 minutes of intra-service time. This survey provides supporting evidence for the accuracy of the current relative work value for 20551.

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) Code 20551 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20551

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopaedic surgery How often? Commonly

Specialty Podiatry How often? Commonly

Specialty Physical medicine and rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not avaialable

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?
175,530 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 below (next page), the most current RUC database specialty distribution for all of the specialties who provide this service, including those that did not survey.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

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 20551

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Medicare specialty utilization

NURSE PRACTITIONERS	20.29%	35,615
ORTHOPEDIC SURGERY	19.19%	33,684
PODIATRY	15.12%	26,540
PHYSICAL MEDICINE AND REHABILITATION	14.35%	25,189
FAMILY PRACTICE	5.17%	9,075
RHEUMATOLOGY	5.01%	8,794
PHYSICIANS ASSISTANT	4.16%	7,302
INTERVENTIONAL PAIN MANAGEMENT	2.98%	5,231
INTERNAL MEDICINE	2.91%	5,108
HAND SURGERY	2.89%	5,073
NEUROLOGY	1.44%	2,528
PAIN MANAGEMENT	1.39%	2,440
SPORTS MEDICINE	1.02%	1,790
ANESTHESIOLOGY	0.84%	1,474
OSTEOPATHIC MANIPULATIVE MEDICINE	0.76%	1,334
GENERAL PRACTICE	0.68%	1,194
PATHOLOGY	0.44%	772
PLASTIC AND RECONSTRUCTIVE SURGERY	0.33%	579
DIAGNOSTIC RADIOLOGY	0.25%	439
EMERGENCY MEDICINE	0.14%	246
GENERAL SURGERY	0.12%	211
PREVENTIVE MEDICINE	0.12%	211
ORAL SURGERY	0.07%	123
INTERVENTIONAL RADIOLOGY	0.06%	105
GERIATRIC MEDICINE	0.05%	88
PSYCHIATRY	0.05%	88
NEUROSURGERY	0.03%	53
ALLERGY/IMMUNOLOGY	0.02%	35
PEDIATRIC MEDICINE	0.01%	18
ENDOCRINOLOGY	0.01%	18
OBSTETRICS/GYNECOLOGY	0.01%	18
PULMONARY DISEASE	0.01%	18
THORACIC SURGERY	0.01%	18
CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)	0.01%	18

ISSUE: Injection Tendon Origin/Insertion

TAB: 10

						RVW					Total	PRE			INTRA					POS	SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF 1	20550	Injection(s); single tendon sheath, or lig	154	0.093			0.75			21	5	1	5			5			5					
REF 2	20605	Arthrocentesis, aspiration and/or injectio	17	0.079			0.68			21	5	1	5			5			5					
current	20551	Injection(s); single tendon origin/insertio		0.083			0.75			20	10					5			5					
SVY	20551	Injection(s); single tendon origin/insertio	249	0.057	0.50	0.75	0.75	0.80	1.40	29	12	2	5	1	3	5	5	15	5	0	5	20	50	500
REC	20551	Maintain RVW		0.093			0.75			21	5	1	5			5			5					
	20551	*Vignette 1 (upper extremity)*	*62*	*0.066*	*0.50*	*0.75*	*0.75*	*0.85*	*1.25*	*27*	*10*	*2*	*5*	*1*	*4*	*5*	*5*	*15*	*5*	*0*	*10*	*24*	*50*	*240*
	20551	*Vignette 2 (lower extremity)*	*187*	*0.057*	*0.64*	*0.75*	*0.75*	*0.80*	*1.40*	*29*	*12*	*2*	*5*	*1*	*3*	*5*	*5*	*15*	*5*	*0*	*5*	*20*	*50*	*500*

CPT Code 20551
Specialty Society AAPMR, AAOS, ACR (rheumatology), AOFAS, APMA, ASSH

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s); single tendon origin/insertion

Global Period 000 Meeting Date: April 2017

*****No Facility Direct PE Inputs recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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:

REVISED 4-26-17

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s); single tendon origin/insertion

Global Period 000 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 society Advisors reviewed the current PE details and the PE details for the recently reviewed code 20550 to develop a recommendation for code 20551.

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 code and the Key Ref code 20550 were used as references.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

CA011 (provide education/obtain consent): Clinical staff will answer patient questions about the procedure and confirm that consent has been obtained and documented. This is consistent with the time approved by the PE Subcommittee and CMS for code 20550.

CA023 (monitor patient following procedure): Clinical staff will monitor the patient after the injection for any reaction to the medication or to having the injection.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

SC051 (syringe 10-12ml): Quantity increased to two; one for anesthetic and one for steroid.

SJ053 (swab-pad, alcohol): Item added - One pad to wipe the rubber septum of the anesthetic and one to wipe the rubber septum of the steroid. CDC guidelines for injectable medication preparation indicates that sterile technique includes disinfecting the rubber septum of a vial with alcohol prior to piercing it. Once an alcohol pad has been opened, handled, and used to clean contaminants from a vial septum, the pad is considered contaminated after used and is to be discarded.

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:
N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: N/A

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical staff will provide pre-service education to reinforce the physician's description of the procedure and answer any patient or family questions. Consent for the procedure is confirmed and documented. The supplies necessary for the injections are collected so that the physician can prepare the syringes. This includes documenting the drug, lot number, and expiration of the injectants.

Intra-Service (of Service Period): Clinical staff will assist the physician during the injection.

Post-Service (of Service Period): The clinical staff will monitor the patient for post-injection reaction, check the injection site and review the physician's instructions to the patient about home care. Once the patient leaves the office, the procedure room is cleaned, including disposing of all supplies related to the injection and returning the injectants to secure storage.

Post-Service Period Clinical Activities: 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 assists the physician with maintaining patient positioning during the injection, hands supplies and syringes to the physician to maintain sterility, and is available to assist the physician as necessary.

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

	A	B	D	E	F	G	H	I	J	K
1	RUC Practice Expense Spreadsheet				RUC JAN-2016		PEAC 2000		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C.			20550		20551		20551	
3		RUC Collaboration Website			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s); single tendon origin/insertion		Injection(s); single tendon origin/insertion	
4	Clinical Activity Code	Meeting Date: April 2017 REVISED 4-28-17 Tab: 10 Specialty: APMA, AAPM&R, ASSH, AAOS, ACR(rheumatology), AOFAS	Clinical Staff Type Code	Clinical Staff Type						
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	L037D	RN/LPN/MTA	17	0	29	5	19	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	17	0	26	0	19	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	3	5	0	0
11		PRE-SERVICE PERIOD								
12		Start: Following visit when decision for surgery or procedure made								
23		End: When patient enters office/facility for surgery/procedure								
24		SERVICE PERIOD								
25		Start: When patient enters office/facility for surgery/procedure:								
26		Pre-Service (of service period)								
27	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3			
28	CA010	Obtain vital signs	L037D	RN/LPN/MTA			3			
29	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	3		3		3	
31	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	3		3		2	
38		Intra-service (of service period)								
39	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	5		5		5	
45		Post-Service (of service period)								
47	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	3		3		3	
48	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA			3		3	
53	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	1		1		1	
59	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	2		2		2	
63		End: Patient leaves office								
64		POST-SERVICE PERIOD								
65		Start: Patient leaves office/facility								
66	CA037	Conduct patient communications	L037D	RN/LPN/MTA			3	5		
77		End: with last office visit before end of global period								
78	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT						
79	SA048	pack, minimum multi-specialty visit	1.143	pack						
80	SB007	drape, sterile barrier 16in x 29in	0.494	item	1		1		1	
81	SB024	gloves, sterile	0.84	pair	1		1		1	
82	SJ041	povidone soln (Betadine)	0.008	ml	10		10		10	
83	SJ053	swab-pad, alcohol	0.013	item					2	
84	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	2		2		2	
85	SC029	needle, 18-27g	0.089	item	2		2		2	
86	SC051	syringe 10-12ml	0.184	item	1		1		2	
87	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item	1		1		1	
88	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item	1		1		1	
90	Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA						
91	EF023	table, exam	1338.17	Non-highly Technical Equipment Formula	17				19	
92	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula	17				0	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Application of Long Arm Splint

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. CPT code 29105 was identified on this list.

The RUC reviewed the survey results from 157 emergency medicine physicians, orthopaedic surgeons and hand surgeons and determined that it was appropriate to recommend a work RVU of 0.80 which is the survey median and less than the current work value. The specialty societies recommended pre-time package 1, but reduced the package evaluation time from 13 minutes to 5 minutes to account for overlap in time because this service is typically reported with an E/M on the same day. The scrub/dress/ wait time was reduced by 5 minutes to 1 minute for donning protective clothing for the procedure which involves water and plaster. The specialty recommended post-time package 7a, but reduced the time from 18 minutes to 5 minutes to be consistent with the survey median time. This reflects a reduction of 4 minutes from the current Harvard post-service time. The RUC carefully examined potential overlap with an E/M and recommends 5 minutes evaluation time, 1 minute positioning time, 1 minute scrub/dress/wait time for a total of 7 minutes pre-service time, 20 minutes intra-service time, and 5 minutes of post-service time.

The RUC compared CPT code 29105 to the top two key reference service codes 29075 *Application, cast; elbow to finger (short arm)* (work RVU = 0.77) and 29405 *Application of short leg cast (below knee to toes);* (work RVU = 0.80) and noted that the recommended total pre-service time of 7 minutes is consistent with the pre-service time in both key reference service codes and represents the same overall work as in 29405. Further, the recommended post-service time of 5 minutes is consistent with the post-service time for both key reference service codes. The recommended value is also supported by the intensity/complexity measures which indicated that 29105 is more complex/intense than both key reference service codes. For additional support, the RUC referenced MPC codes 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66) and 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* (work RVU = 0.84) and agreed that these codes appropriately bracket 29105. **The RUC recommends a work RVU of 0.80 for CPT code 29105.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1

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paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense

The Practice Expense Subcommittee had an extensive discussion about clinical staff time being potentially duplicative of physician work, but agreed with the society that two people are required to perform this procedure. The PE Subcommittee also discussed the potential for overlap with an E/M service. The specialty societies indicated that when a patient is first seen for an injury, an E/M is appropriate since evaluation of the patient will include more than a focused exam of the extremity. The patient's neurological status will be evaluated and the patient will be sent for x-rays. Once the x-rays are reviewed and it is determined that splinting is appropriate (which may not always be the case), the splinting procedure is reviewed with the patient, consent is obtained and the physician verifies all supplies and equipment is available, positions the patient, and dons protective clothing. The PE Subcommittee agreed that this additional work did not overlap with the E/M service. The only modification was a change from supply item *gown, patient* (SB026) to *gown, staff, impervious* (SB027) since a patient gown is just tissue paper without arm covering and would not protect the physician during the splinting procedure. The RUC recommends the direct practice expense inputs with one modification as reviewed and approved by the PE Subcommittee.

Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
29105	Application of long arm splint (shoulder to hand)	000	0.80

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:29105 Tracking Number n/a Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: 000 Current Work RVU: **0.87** RUC Recommended RVU: **0.80**

CPT Descriptor: Application of long arm splint (shoulder to hand)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A post-menopausal female patient presents with a non-displaced intra-articular fracture of the distal radius.

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: Explain procedure to patient/family. Review risks and complications associated with splinting. Review treatment and expected outcome. Verify that all required supplies and equipment are available. Don protective clothing. When the splint is fabricated, the patient's arm will be positioned with the elbow in 90 degrees, the forearm in neutral rotation, and the wrist in neutral flexion/extension.

Description of Intra-Service Work: To protect bony prominences, wrap one or two layers of splint padding material secured with tape around the wrist and elbow. Four layers of splint padding material sufficient to extend from the patient's palm, around the flexed elbow, and onto the back of the hand to the base of the fingers are laid out on the work surface, arranging two layers side to side and two layers on the center seam. Multiple layers of a corresponding length of plaster roll are cut. Holding all the plaster layers by both ends, submerge the plaster in water and squeeze any excess water from the plaster before drawing it back out to length. To laminate the layers, hold the wet plaster splint high with one hand and strip excess water from the splint with the other hand. Lay the wet plaster strip onto the stacked splint padding material. Fold the exposed portions of the splint padding material around the plaster strip to prevent the elastic bandage from sticking once it is applied. Bring the prepared splint material to the patient's forearm. Position one end of the splint in the patient's palm at the midpalmar crease, with the triple layer of splint padding material against the patient's skin. Bring the splint material down around the elbow and then back up onto the back of the hand. The plaster should reach to the base of the fingers on the back of the hand but not beyond. A corner of the splint should be folded away from the base of the thumb in the palm to prevent the thumb from being immobilized. Make a perpendicular cut through three quarters of the width of a Kling bandage, and place the apex of this cut in the web space between the patient's thumb and index finger. Wrap the Kling bandage around the palm and then toward the elbow, completely covering the underlying splint material with a single layer of bandage. Care is taken to apply the Kling bandage with the correct amount of compression. Secure the end of the Kling bandage with short strips of tape if necessary. Next, gently mold the splint to the contour of the elbow, forearm, and wrist. Hold the splint in place with the elbow in 90 degrees, the forearm in neutral rotation, and the wrist in neutral flexion/extension until the plaster is hard. Verify that the patient is able to make a full fist in the splint without difficulty. If necessary, use a cast saw to cut a bit of the hardened cast away until the patient can make a full fist.

Description of Post-Service Work: Write brief procedure note in patient chart. Assess circulation, sensation, and motor function of the extremity. Discuss home restrictions (eg, use of fingers for light activities, use of sling, bathing) with the patient/family. Write prescriptions orders for pain management. Dictate procedure for medical record, copy PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Anne Miller, MD; William Creevy, MD; John Heiner, MD; Ethan Booker, MD; Jordan Celeste, MD				
Specialty(s):	ASSH, AAOS, ACEP				
CPT Code:	29105				
Sample Size:	3416	**Resp N:**	157	**Response:** 4.5 %	
Description of Sample:	random selection from each society membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	1.00	5.00	**12.00**	25.00	100.00
Survey RVW:	0.45	0.75	**0.80**	0.90	1.55
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**4.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	5.00	15.00	**20.00**	25.00	35.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	29105	**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:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**6.00**	**-5.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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
29075	000	0.77	**RUC Time**

CPT Descriptor Application, cast; elbow to finger (short arm)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29405	000	0.80	**RUC Time**

CPT Descriptor Application of short leg cast (below knee to toes);

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	350,494

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**	188,177

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
		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: 43 **% of respondents:** 27.3 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 29105	Top Key Reference CPT Code: 29075	2nd Key Reference CPT Code: **29405**
Median Pre-Service Time	7.00	7.00	7.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**27.00**	**27.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	35%	63%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	7%	70%	23%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	14%	81%	5%
Urgency of medical decision making	14%	79%	7%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	60%	28%
Physical effort required	16%	51%	33%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	9%	56%	35%
Outcome depends on the skill and judgment of physician	5%	60%	35%
Estimated risk of malpractice suit with poor outcome	9%	58%	33%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	36%	55%	6%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	4%	48%	48%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3%	82%	15%
Urgency of medical decision making	0%	85%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	52%	42%
Physical effort required	9%	39%	52%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	3%	42%	55%
Outcome depends on the skill and judgment of physician	9%	58%	33%
Estimated risk of malpractice suit with poor outcome	3%	58%	39%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M service 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. Code 29105 was identified on this list.

Survey Sample and Process

A survey request was sent to a random selection from the membership database for all participating societies. The American Academy of Orthopaedic Surgeons (AAOS), American Society for Surgery of the Hand (ASSH), and American College of Emergency Physicians (ACEP) conducted a standard RUC survey and received 157 responses.

Recommendation

We recommend a work RVU of 0.80 which is the survey median and less than the current value.

Pre-time Package 1

We recommend pre-time package 1, but have reduced the package evaluation time from 13 minutes to 5 minutes to account for overlap in time with an E/M service that is reported more than 50% of time. We have also reduced the scrub, dress, wait time to 1 minute for donning protective clothing. The recommended times 5/1/1 are consistent with the pre-service times for key reference code 29075.

Post-time Package 7a

We recommend post-time package 7a, but have reduced the package time from 18 minutes to 5 minutes to be consistent with the survey median time. The recommended time of 5 minutes is consistent with the post-service time for key reference code 29075.

Key Reference Codes

KRS	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
29075	Application, cast; elbow to finger (short arm)	**0.77**	0.034	**27**	7	**15**	5
29105	Application of long arm splint (shoulder to hand)	**0.80**	0.027	**32**	7	**20**	5
29405	Application of short leg cast (below knee to toes);	**0.80**	0.035	**27**	7	**15**	5

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	**0.66**	0.075	**21**	11	**5**	5
29105	Application of long arm splint (shoulder to hand)	**0.80**	0.027	**32**	7	**20**	5
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	**0.84**	0.059	**22**	7	**10**	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Code 29105 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 29105

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 hand surgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty emergency medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,232 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty hand surgery Frequency 1600 Percentage 6.34 %

Specialty orthopaedic surgery Frequency 6800 Percentage 26.94 %

Specialty emergency medicine Frequency 7800 Percentage 30.91 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
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 29105

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AQ	AR	AS	AT	AU
3	**ISSUE: Application of Long Arm Splint**																								
4	**TAB: 11**																								
5						**RVW**					**Total**	**PRE**			**INTRA**					**POS**	**SURVEY EXPERIENCE**				
6	**SOURCE**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**MIN**	**25th**	**MED**	**75th**	**MAX**
7	**REF 1**	**29075**	Application, cast; elbow to fin	43	**0.034**			**0.77**			27	5	1	1			15			5					
8	**REF 2**	**29405**	Application of short leg cast (	33	**0.035**			**0.80**			27	7					15			5					
9	**current**	**29105**	Application of long arm splint		**0.019**			**0.87**			43	8					26			9					
10	**SVY**	**29105**	Application of long arm splint	**157**	**0.018**	**0.45**	**0.75**	**0.80**	**0.90**	**1.55**	**41**	10	4	2	**5**	**15**	**20**	**25**	**35**	**5**	**1**	**5**	**12**	**25**	**100**
11	**REC**	**29105**	**Median RVW**		**0.027**			**0.80**			**32**	**5**	**1**	**1**			**20**			**5**					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

29105 Application of long arm splint (shoulder to hand)

Global Period 000 Meeting Date: April 2017

***** No Facility Direct PE Inputs recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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:

REVISED 4-26-17

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

29105 Application of long arm splint (shoulder to hand)

Global Period 000 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 society Advisors reviewed the current PE details for 29105 to develop a recommendation for code 29105.

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 29580, which was reviewed in October 2016, was used as a reference for clinical staff time. Supplies related to 29580 do not apply to splint or cast services and are not included on the PE spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA013 (Prepare room, equipment and supplies): We recommend 5 minutes. Clinical staff will need to set up the splinting supplies and set up the water bath and cast equipment.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

CA011 (provide education/obtain consent): Clinical staff will review the procedure with the patient and family and answer any questions. Clinical staff will also confirm that consent is documented.

CA023 (monitor patient): The patient will be monitored for 3 minutes while the splint is curing to be certain the patient does not disturb the final shape.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies

SB027 gown, staff, impervious: A gown for the patient is included in the E/M pack. This additional gown is for the physician. Impervious gown is needed for protection from plaster and waterbath.

SB022 gloves, non-sterile: The physician and staff will change gloves at least once during the procedure after applying the plaster cast material and before applying the elastic bandage. One pair of gloves is included in the E/M pack, so three additional pairs are needed.

SB044 underpad 2ft x 3ft (Chux): One pad under patient's arm and one pad under waterbath for soaking casting material.

Equipment:

EF031 table, power: Patient is on a table for entire service period and for removal of splint at a subsequent visit.

EQ080 cast cart, EQ081 cast cutter, EQ082 cast vacuum: The cast cart includes a work surface, a place for additional materials, a place for the cutter and vacuum equipment. This is one unit that is available throughout the service period and removal period, including the cleaning period as contents need to be restocked and equipment needs to be cleaned.

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: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: N/A

Service Period Clinical Activities:

Pre-Service (of Service Period):
Clinical staff will provide pre-service education to reinforce the physician's description of the procedure. Consent for the procedure is confirmed and documented. The supplies and equipment necessary for the procedure are set up in the procedure room. Clinical staff will assist the physician in initial positioning the patient with the elbow in 90 degrees, the forearm in neutral rotation, and the wrist in neutral flexion/extension.

Intra-Service (of Service Period):
Clinical staff will assist the physician during the entire splinting procedure, assisting with maintaining the patient's elbow in 90 degrees, the forearm in neutral rotation, and the wrist in neutral flexion/extension and handing supplies to the physician as needed.

Post-Service (of Service Period):
After the physician assesses the patient's neurovascular status, clinical staff will monitor the patient until the splint has cured and review the physician's instructions to the patient about home care. Once the patient leaves the office, the procedure room is cleaned, including restocking the cast cart and cleaning the cast cutter, vacuum and all surfaces used during the procedure.

Post-Service Period Clinical Activities:
At a subsequent visit, clinical staff will assist the physician with removing the splint and cleaning the patient's arm. Clinical staff will also dispose of all splinting materials and dressings and clean the splint removal area.

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 assist the physician during the entire splinting procedure, assisting with maintaining the patient's elbow in 90 degrees, the forearm in neutral rotation, and the wrist in neutral flexion/extension and handing supplies to the physician 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. 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: "Remove splint or cast" - We recommend a new clinical staff activity that was previously described as "other activity". This new activity would apply to all splinting and casting codes. This activity is different than removing strapping which does not involve hard plaster.

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:
We have maintained removal of the splint in the post-service category. A plaster splint is not made repeatedly and therefore should not be consider "pre-service" work. Typically, after a plaster splint is removed, either a cast is fabricated, a custom plastic splint is ordered, or there is no cast or splint. This is different than the reference code 29580 where Unna boot is removed and replaced repeatedly.

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**Ref - Oct 2016**		**PEAC 2000**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines***			**29580**		**29105**		**29105**	
3		***RUC Collaboration Website***					Application of long arm splint (shoulder to hand)		Application of long arm splint (shoulder to hand)	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 11** **Specialty: ASSH, ACEP, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	Strapping; Unna boot					
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**	**L037D**	RN/LPN/MTA	**35**	**0**	**59**	**19**	**51**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**40**	**0**	**38**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**19**	**19**	**13**	**0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
27		**End: When patient enters office/facility for surgery/procedure**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**Ref - Oct 2016**		**PEAC 2000**		**RECOMMENDED**	
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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**59**	**19**	**51**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**40**	**0**	**38**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**19**	**19**	**13**	**0**
28		**SERVICE PERIOD**								
29		**Start: When patient enters office/facility for surgery/procedure:**								
30		**Pre-Service (of service period)**								
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**2**		**2**			
32	CA010	Obtain vital signs	L037D	RN/LPN/MTA	**3**					
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA			**3**		**3**	
35	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	**2**		**5**		**5**	
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	**2**		**2**		**1**	
42	October 2016	*Remove multilayer compression system*	L037D	RN/LPN/MTA	**7**					
44		**Intra-service (of service period)**								
45	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	**11**				**20**	
47	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA			**15**			

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**Ref - Oct 2016**		**PEAC 2000**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines***			**29580**		**29105**		**29105**	
3		***RUC Collaboration Website***					Application of long arm splint (shoulder to hand)		Application of long arm splint (shoulder to hand)	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 11** **Specialty: ASSH, ACEP, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	Strapping; Unna boot					
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**	**L037D**	RN/LPN/MTA	**35**	**0**	**59**	**19**	**51**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**40**	**0**	**38**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**19**	**19**	**13**	**0**
55		**Post-Service (of service period)**								
57	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA			**5**		**3**	
58	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	**3**		**3**		**3**	
63	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	**2**		**2**		**1**	
69	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**2**	
77		**End: Patient leaves office**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**Ref - Oct 2016**		**PEAC 2000**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines***			**29580**		**29105**		**29105**	
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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**59**	**19**	**51**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**40**	**0**	**38**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**19**	**19**	**13**	**0**
78		**POST-SERVICE PERIOD**								
79		**Start: Patient leaves office/facility**								
80	CA037	Conduct patient communications	L037D	RN/LPN/MTA			**6**	**6**		
88	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
91	NEW	*Remove splint or cast*	L037D						**13**	
92	PEAC 2000	*Remove cast*	L037D	RN/LPN/MTA			**13**	**13**		
95		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**Ref - Oct 2016**		**PEAC 2000**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines***			**29580**		**29105**		**29105**	
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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**59**	**19**	**51**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**35**	**0**	**40**	**0**	**38**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**19**	**19**	**13**	**0**
96	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
97	SB027	gown, staff, impervious	1.186	item					**1**	
98	SB022	gloves, non-sterile	0.084	pair			**5**	**1**	**3**	
99	SB044	underpad 2ft x 3ft (Chux)	0.23	item			**2**	**1**	**2**	
100	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item			**2**	**1**		
104	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
105	EF031	table, power	6153.63	Non-highly Technical Equipment Formula	**35**				**51**	
106	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula	**35**					
107	EQ080	cast cart	3808	Non-highly Technical Equipment Formula			**20**	**5**	**51**	
108	EQ081	cast cutter	1160.62	Non-highly Technical Equipment Formula					**51**	
109	EQ082	cast vacuum	1475.5	Non-highly Technical Equipment Formula					**51**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Percutaneous Change of G-tube

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. CPT code 43760 was identified on this list.

43760 ***Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance***
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.

The specialty societies recommended pre-time package 1, but reduced the package evaluation time from 13 minutes to 5 minutes to account for overlap in time with an E/M reported on the same day. The scrub, dress, wait time and post-service time were also reduced, to be consistent with the survey median time. The RUC carefully examined potential overlap with an E/M service and agreed with the following physician time component: 5 minutes of pre-service evaluation time, 1 minute of pre-service positioning time, 3 minutes of pre-service scrub, dress, wait time, 7 minutes of intra-service time, and 5 minutes of post-service time.

The specialties recommended maintaining the current work RVU of 0.90 which was also the survey 25th percentile work RVU, however, the RUC determined 0.90 somewhat overestimated the work. The RUC noted that the previous survey did not include the dominant provider (ED physicians) whose time and work estimates in the current survey were lower than the GI and GS physicians. To identify an appropriate valuation, the RUC reviewed CPT code 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU = 0.75, pre-service evaluation time of 5 minutes, pre-service positioning time of 1 minute, pre-service scrub, dress, wait time of 5 minutes, intra-service time of 5 minutes, and immediate post-service time of 5 minutes). The RUC noted that although code 20550 requires less intra-service time, the total time is the same for both services. The RUC also agreed that both services would require similar total physician work and should be valued similarly. Therefore, the RUC recommends a direct work RVU crosswalk from code 20550 to 43760. For additional support, the RUC also reviewed MPC codes 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66, pre-service time of 11 minutes,

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intra-service time of 5 minutes, post-service time of 5 minutes, and total time of 21 minutes) and 45300 *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)* (work RVU= 0.80, pre-service time of 7 minutes, intra-service time of 10 minutes, post-service time of 10 minutes, and total time of 27 minutes) and determined these MPC codes appropriately bracket a work RVU of 0.75 for 7 minutes of intra-service time. **The RUC recommends a work RVU of 0.75 for CPT code 43760.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.

Practice Expense

The PE Subcommittee discussed that although this service is typically reported with an E/M service globally, this is only true for the facility setting. When this service is performed in a non-facility setting, an E/M service is only reported 6 percent of the time. Therefore, although adjustments were made to physician time to account for overlap of E/M time independent of place of service, there should be no adjustments to clinical staff time in the non-facility setting. The RUC reviewed the direct practice expense details for the non-facility setting and made the following modifications to supply items:

- Remove two SB001 *caps, surgical*;
- Remove one SB019 *drape-towel, sterile 18in x 26in*;
- Reduce two pairs to one SB024 *gloves, sterile;*
- Reduce two to one SB027 *gown, staff, impervious*;
- Reduce two to one SB034 *mask, surgical, with face shield;*
- Reduce two to one SB039 *shoe covers, surgical*

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	000	0.75

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43760 Tracking Number n/a Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.75**
Global Period: 000 Current Work RVU: **0.90** RUC Recommended RVU: **0.75**

CPT Descriptor: Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance

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: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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)	04/2017		
Presenter(s):	R.Bruce Cameron, MD (ACG), Dawn Francis, MD (AGA), Seth Gross, MD (ASGE), Ethan Booker, MD (ACEP), Jordan Celeste, MD (ACEP), Charles Mabry, MD (ACS), Nader Massarweh, MD (ACS)		
Specialty(s):	ACEP, ACG, ACS, AGA, ASGE		
CPT Code:	43760		
Sample Size:	7625	**Resp N:** 295	**Response:** 3.8 %
Description of Sample:	The ACEP, ACG, AGA, ASGE and ACS conducted a simple random survey of our general U.S. memberships.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	15.00	200.00
Survey RVW:	0.40	0.90	**1.00**	1.24	6.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	5.00	**7.00**	10.00	45.00

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:	43760	**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:		**3.00**	**6.00**	**-3.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**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
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
12001	000	0.84	**RUC Time**	188,177

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11042	000	1.01	**RUC Time**	1,628,800

CPT Descriptor 2 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
49082	000	1.24	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

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: 163 **% of respondents:** 55.2 **%**

Number of respondents who choose 2nd Key Reference Code: 47 **% of respondents:** 15.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 43760	Top Key Reference CPT Code: 51705	2nd Key Reference CPT Code: **49082**
Median Pre-Service Time	9.00	12.00	20.00
Median Intra-Service Time	7.00	10.00	10.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**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	1%	2%	38%	51%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	5%	48%	47%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5%	53%	41%
Urgency of medical decision making	11%	61%	29%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	57%	37%
Physical effort required	2%	66%	32%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	5%	40%	56%
Outcome depends on the skill and judgment of physician	4%	64%	33%
Estimated risk of malpractice suit with poor outcome	4%	47%	49%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	15%	45%	34%	4%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	40%	38%	21%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	32%	45%	23%
Urgency of medical decision making	19%	38%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	57%	30%
Physical effort required	15%	45%	41%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	11%	47%	42%
Outcome depends on the skill and judgment of physician	8%	62%	30%
Estimated risk of malpractice suit with poor outcome	8%	45%	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.

Code 43760 (*Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance*) was identified via a CMS screen for Zero day global codes reported at least 50 percent of the time with an E/M service.

The ACEP, ACG, AGA, ASGE and ACS conducted a simple random survey of our general U.S. memberships and had 295 responses. 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 31 minutes with 16 minutes of pre-service time, 7 minutes of intra-service time, and 8 minutes of post-service time. These times are similar to the current times for 43760 of 32 minutes of total time, 17 minutes of pre-service time, 10 minutes of intra-service time, and 5 minutes of post-service time (Table 2).

Table 2

ISSUE:	Percutaneous Change of G-tube																					
TAB:	12																					
Combined					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	163	0.041			0.90			32	5	7	5	0			10			10
2nd REF	49082	Abdominal paracentesis (diagnc	47	0.065			1.24			40	1a	13	1	6			10			10
CURRENT	43760	Change of gastrostomy tube, percuta		0.044			0.90			32	na	10	5	2			10			5
SVY	43760	Change of gastrostomy tube, pe	295	0.072	0.40	0.90	1.00	1.24	6.00	31		10	3	3	1	5	7	10	45	8

The change in median intra-service time from 10 minutes in 2007 to 7 minutes in the current survey can be explained by application of the new survey methodology that specifically asks survey participants to provide precise time data instead of rounding.

> *QUESTION 2:* ***How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? It is important to be as precise as possible. For example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes.*** *Indicate your time for the survey code listed at the top of this screen (in minutes) in each box below. If you do zero minutes for one of the below time components, then you would need to put 0.*

The change in survey methodology provides more precise survey times. Previously, much of our survey data demonstrated that participants rounded procedure times to the nearest 5-minute increment. Therefore, we believe that the difference in intra-service time doesn't reflect a decrease in physician work, but rather a more precise account of time.

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 reflect the removal of 5 minutes for "History and Exam" from pre-time package 1, resulting in 8 minutes of pre-service evaluation. 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 of 3 minutes because it is less than the package time.

- **Evaluation**: 8 minutes
- **Positioning**: 1 minute
- **Scrub, dress, wait:** 3 minutes

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, 31 minutes of total procedure time, and 10 minutes of intra-service time for gastroenterologists, 15 minutes of intra-service time for surgeons, and 6 minutes of intra-service time for emergency physicians. The majority of the combined data for intensity and complexity measures for primary key reference service

indicate that 43760 is equally intense and complex as 51705. However, ***the overall complexity and intensity of 43760 was ranked as "somewhat more" intense and complex as compared to 51705 and "somewhat more" risky as well.***

Comparison to other recently RUC-valued codes with 5-10 minutes intra-service time

As stated in our description of survey data, 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. We therefore present several codes with a span of 5-10 minutes of intra-service time.

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Post Time	Total Time	Time Source	RUC Review	IWPUT	MPC	RUC Review	2015 Utilization
31231	Nasal endoscopy, diagnostic, unilateral or bila	000	1.1	5	1	5	7	3	21	RUC-CM	Jan12	0.1226		Yes	527955
51705	Change of cystostomy tube; simple	000	0.9	7	5	0	10	10	32	RUC	Oct10	0.0407	Yes	Yes	138376
43760	Change of gastrostomy tube, percutaneous, v	000	0.9	8	1	3	7	8	27			0.0707			55806
20610	Arthrocentesis, aspiration and/or injection, ma	000	0.79	5	1	5	5	5	21	RUC	Oct10	0.1006		Yes	6395140
20550	Injection(s); single tendon sheath, or ligament	000	0.75	5	1	5	5	5	21	RUC	Jan16	0.0926		Yes	821791

wRVU and Time Recommendations

Given the large number of respondents, close agreement in work and what appears to be ready acceptance of improved methods of surveying for times, we suggest adopting the survey results at the 25th percentile for work of 0.90 RVUs and pre-service package 1 with adjustments, including removing 5 minutes for "history and exam" from the pre-service evaluation time as this is typically done with an E/M. The resulting recommend times are 12 minutes pre-service, 7 minutes intra-service and 3 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: 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 Emergency medicine How often? Commonly

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 167418
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare volume (55, 806) * 3

Specialty Emergency medicine	Frequency 50000	Percentage 29.86 %
Specialty Gastroenterology	Frequency 90000	Percentage 53.75 %
Specialty General surgery	Frequency 15000	Percentage 8.95 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 55,806 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare data

Specialty Emergency medicine	Frequency 21000	Percentage 37.63 %
Specialty Gastroenterology	Frequency 15500	Percentage 27.77 %
Specialty General surgery	Frequency 7000	Percentage 12.54 %

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 43760

If this code is a new/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: Percutaneous Change of G-tube

TAB: 12

Combined Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	Pre Pkg	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	51705	Change of cystostomy tube; sim	163	0.041			0.90			32	5	7	5	0			10			10					
2nd REF	49082	Abdominal paracentesis (diagno	47	0.065			1.24			40	1a	13	1	6			10			10					
CURRENT	43760	Change of gastrostomy tube, percutan		0.044			0.90			32	na	10	5	2			10			5					
SVY	43760	Change of gastrostomy tube, pe	295	0.072	0.40	0.90	1.00	1.24	6.00	31		10	3	3	1	5	7	10	45	8	0	5	10	15	200
REC	43760			0.068			0.75			21	1	5	1	3			7			5					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance

Global Period: 000 Meeting Date: 04/2017

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 ACG, AGA, ASGE, ACEP and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Code 43760 is an existing code. The reference code listed contains the current PE direct inputs for comparison.

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:

NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: 3 minutes

- Complete pre-procedure phone calls and prescription – 3 minutes: Staff must contact the caregiver to find out what prescriptions the patient is taking (e.g., anticoagulants) as these patients typically have difficulty communicating.

Intra-Service Clinical Labor Activities: 26 minutes

- Greet patient, provide gowning, ensure appropriate medical records are available – 3 minutes
- Obtain vital signs (level 1: 1-3 vitals) – 3 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) – 10 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

Post-Service Clinical Labor Activities: 0 minutes

	A	B	D	E	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***			**43760**		**43760**	
3		***RUC Collaboration Website***			Change of gastrostomy tube, percutaneous, without imaging or endoscopic		Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED Tab: 12 Specialty: ACEP, ACG, ACS, AGA, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**37.0**	**3.0**	**26.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**3.0**	**3.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**23.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**						
12		**Start: Following visit when decision for surgery or procedure made**						
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	3			
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA		3		
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA				
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3			
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	3		3	
18	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA				
19	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA				
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA				
27		**End: When patient enters office/facility for surgery/procedure**						
28		**SERVICE PERIOD**						
29		**Start: When patient enters office/facility for surgery/procedure:**						
30		**Pre-Service (of service period)**						
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3	
32	CA010	Obtain vital signs	L037D	RN/LPN/MTA	3		3	
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA				
34	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA				
35	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	1		2	
36	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA				
37	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA				
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	2		2	
39	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	1			
40	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5			
46		**Intra-service (of service period)**						
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	16		**7**	

	A	B	D	E	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**	
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4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED** **Tab: 12** **Specialty: ACEP, ACG, ACS, AGA, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**37.0**	**3.0**	**26.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**3.0**	**3.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**23.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
57		**Post-Service (of service period)**						
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA				
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA				
60	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA			3	
61	CA025	Clean scope	L037D	RN/LPN/MTA				
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA				
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA				
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA				
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA			1	
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA			2	
72	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**	
79		**End: Patient leaves office**						
80		**POST-SERVICE PERIOD**						
81		**Start: Patient leaves office/facility**						
97		**End: with last office visit before end of global period**						

	A	B	D	E	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***			**43760**		**43760**	
3		***RUC Collaboration Website***			Change of gastrostomy tube, percutaneous, without imaging or endoscopic		Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED** **Tab: 12** **Specialty: ACEP, ACG, ACS, AGA, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**37.0**	**3.0**	**26.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**3.0**	**3.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**28.0**	**0.0**	**23.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
99	SA048	pack, minimum multi-specialty visit	1.143	pack	1		1	
100	SA031	kit, suture removal	1.054	kit	1		0	
101	SA067	tray, shave prep	1.812	tray	1		0	
102	SA095	kit, gastrostomy, low profile device (Mic-Key)	210	item	1		0	
103	SC090	tube, gastrostomy	97	item	0		1	
104	SB001	cap, surgical	0.209	item	2		0	
105	SB011	drape, sterile, fenestrated 16in x 29in	0.557	item	1		1	
106	SB019	drape-towel, sterile 18in x 26in	0.282	item	2		0	
107	SB024	gloves, sterile	0.84	pair	2		1	
108	SB027	gown, staff, impervious	1.186	item	2		1	
109	SB034	mask, surgical, with face shield	1.199	item	2		1	
110	SB039	shoe covers, surgical	0.338	pair	2		1	
111	SB044	underpad 2ft x 3ft (Chux)	0.23	item	1		1	
112	SC010	closed flush system, angiography	11.883	item	1		0	
113	SC049	stop cock, 3-way	1.175	item	1		1	
114	SC056	syringe 50-60ml	0.881	item	1		1	
115	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.435	item	2		0	
116	SD088	guidewire	9.998	item	1		0	
117	SD229	gastrostomy, stoma measuring device (Mic-Key)	10	item	1		0	
118	SG009	applicator, sponge-tipped	0.139	item	4		4	
119	SG055	gauze, sterile 4in x 4in	0.159	item	2		2	
120	SG079	tape, surgical paper 1in (Micropore)	0.002	inch	12		12	
121	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	10		0	
122	SH065	sodium chloride 0.9% flush syringe	0.811	item	2		2	
123	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item	1		1	
124	SJ041	povidone soln (Betadine)	0.008	ml	60		60	
125	SK087	water, distilled	0.013	oz	0		2	
127		**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**				
128	EF023	table, exam	1338.17	Non-highly Technical Equipment Formula	28		**23**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Diagnostic Proctosigmoidoscopy - Rigid

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. CPT code 45300 was identified via this screen.

45300 ***Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)***
The RUC reviewed the survey results from 96 general surgeons and colon and rectal surgeons and determined that it was appropriate to maintain the current work RVU of 0.80, which also represents the survey 25th percentile. The specialty societies recommended pre-time package 5, but reduced the package evaluation time from 7 minutes to 3 minutes to account for overlap in time because this service is typically reported with an E/M on the same day. The RUC carefully examined potential overlap with an E/M service and agreed with the following physician time component: 3 minutes pre-service evaluation time, 5 minutes pre-service positioning time, 2 minutes pre-service scrub, dress, wait time, 10 minutes of intra-service time, and 10 minutes of post-service time. The three minutes of evaluation time includes time to obtain consent after discussion of possible complications and preparing for the procedure which includes confirming availability of necessary supplies and instruments. The five minutes for positioning includes positioning the patient prone and effacing the buttocks. The two minutes for scrub, dress, wait time accounts for donning protective clothing and applying topical anesthesia.

To justify the work RVU of 0.80, the RUC referenced the key reference code 45330 *Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU= 0.84, pre-service time of 21 minutes, intra-service time of 10 minutes, and post-time of 10 minutes) and noted that both services involve a similar amount of physician work, have identical intra-service times, and therefore should be valued similarly. The RUC also reviewed MPC codes 51705 *Change of cystostomy tube; simple* (work RVU= 0.90, pre-service time of 12 minutes, intra-service time of 10 minutes, and post-service time of 10 minutes) and 20553 *Injection(s); single or multiple trigger point(s), 3 or more muscles* (work RVU= 0.75, pre-service time of 12 minutes, intra-service time of 10 minutes, and post-service time of 5 minutes) and noted that both services involve a similar amount of physician work and appropriately bracket a work RVU of 0.80 for the survey code. Lastly, the RUC reviewed a series of other diagnostic endoscopy procedures and agreed that a work RVU of 0.80 appropriately ranks 45300 relative to these services. **The RUC recommends a work RVU of 0.80 for CPT code 45300.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph

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B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.

Practice Expense

The Practice Expense Subcommittee verified that there is no overlap in the direct practice expense inputs with an E/M service that is typically reported on the same day. The Subcommittee removed 3 minutes of pre-service time in the non-facility setting for c*omplete pre-procedure phone calls and prescription* (CA005) since a pre-service phone call is included in an E/M service. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	000	0.80 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45300 Tracking Number n/a Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: 000 Current Work RVU: **0.80** RUC Recommended RVU: **0.80**

CPT Descriptor: Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old male presents with biopsy-proven rectal cancer. Rigid proctoscopy is performed to identify the position of the lesion within the pelvis (lateral, posterior, or anterior) as well as the distance from a fixed point (anal verge, dentate, or levators) for the purpose of planning surgical therapy.

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: 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 prone with buttocks effaced. Assist with draping patient. Apply topical anesthetic, when indicated.

Description of Intra-Service Work: Perform a visual inspection of the perineum. Perform a digital rectal examination, assessing sphincter tone, as well as the presence or absence of any anal canal masses. Pass a well lubricated proctoscope approximately 4 cm to extend past the anal canal. Then remove the obturator. Place the cap on the proctoscope and perform insufflation. Carefully advance the proctoscope past the Houston's valves [transverse folds of rectum] to 20 cm. Suction is applied as needed. Obtain optimal visualization on withdraw of the proctoscope. Assess the rectal and anal mucosa on withdraw, taking care to note the position of any lesions(s) within the rectum and anus as well the distance of any lesion(s) from the anal verge. Remove the cap at the top of the anal canal in order to completely evacuate air that was insufflated.

Description of Post-Service Work: Discuss procedure findings with patient and family and answer questions. Document procedure, including relevant anatomic findings and follow-up treatment plan, in medical chart with copy to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Guy Orangio, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Don Selzer, MD, FACS; Ketan Sheth, MD, FACS		
Specialty(s):	ASCRS, ACS, SAGES		
CPT Code:	45300		
Sample Size:	1250	**Resp N:** 96	**Response:** 7.6 %
Description of Sample:	random selection for society membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	101.00	1200.00
Survey RVW:	0.61	0.80	**0.80**	0.90	2.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	2.00	5.00	**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):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	45300	**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:		**3.00**	**7.00**	**-4.00**
Pre-Service Positioning Time:		**5.00**	**0.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**2.00**	**1.00**	**1.00**
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**	**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
45330	000	0.84	**RUC Time**

CPT Descriptor Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
46600	000	0.55	**RUC Time**

CPT Descriptor Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (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
20553	000	0.75	**RUC Time**	295,258

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 3 or more muscles

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51705	000	0.90	**RUC Time**	138,376

CPT Descriptor 2 Change of cystostomy tube; simple

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: 54 **% of respondents:** 56.2 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 45300	Top Key Reference CPT Code: 45330	2nd Key Reference CPT Code: **46600**
Median Pre-Service Time	10.00	21.00	7.00
Median Intra-Service Time	10.00	10.00	5.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**41.00**	**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%	24%	52%	24%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	18%	67%	15%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	78%	15%
Urgency of medical decision making	0%	87%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	34%
Physical effort required	15%	41%	44%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	35%	54%	11%
Outcome depends on the skill and judgment of physician	5%	69%	26%
Estimated risk of malpractice suit with poor outcome	18%	65%	17%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	67%	33%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	33%	67%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	42%	58%
Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	17%	83%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	17%	83%
Outcome depends on the skill and judgment of physician	0%	25%	75%
Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M service 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. Code 45300 was identified on this list.

Survey Sample and Process

The survey request was sent to a random selection from the ASCRS, ACS, and SAGES membership database and 96 responses were received.

Work RVU Recommendation

We recommend maintaining the work RVU of 0.80 for 45300. This work RVU is also the survey median and 25th percentile.

Pre-time Package 5

We recommend pre-time package 5, but have reduced the package evaluation time from 7 minutes to 3 minutes to account for overlap in evaluation time with an E/M service that is reported more than 50% of time. We recommend 5 minutes for positioning the patient prone and 2 minutes for the surgeon to don protective clothing before the procedure.

Key Reference Codes

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**0.84**	0.022	**41**	21	**10**	10
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**0.80**	0.038	**30**	10	**10**	10
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**0.55**	0.034	**22**	7	**5**	10

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	**0.75**	0.044	**27**	12	**10**	5
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**0.80**	0.038	**30**	10	**10**	10
51705	Change of cystostomy tube; simple	**0.90**	0.041	**32**	12	**10**	10

Other Comparison Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**0.55**	0.034	**22**	7	**5**	10

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**0.80**	0.038	**30**	10	**10**	10
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**0.84**	0.022	**41**	21	**10**	10
56820	Colposcopy of the vulva;	**1.50**	0.063	**40**	15	**15**	10
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**1.52**	0.057	**48**	23	**15**	10
52000	Cystourethroscopy (separate procedure)	**1.53**	0.093	**40**	20	**10**	10
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**2.09**	0.093	**49**	22	**15**	12
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	**2.49**	0.058	**86**	51	**20**	15
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	**2.53**	0.064	**61**	16	**30**	15
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**3.26**	0.100	**62**	22	**25**	15
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**5.85**	0.094	**111**	38	**48**	25

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) Code 45300 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45300

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? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,890 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty colon and rectal surgery Frequency 22000 Percentage 73.60 %

Specialty general surgery Frequency 6500 Percentage 21.74 %

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:
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 45300

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	T	U	V	AS	AT	AU	AV	AW
3	**ISSUE: Diagnostic Proctosigmoidoscopy - Rigid**																								
4	**TAB: 13**																								
5						**RVW**					**Total**	**PRE**			**INTRA**					**POS**	**SURVEY EXPERIENCE**				
6	**SOURCE**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**MIN**	**25th**	**MED**	**75th**	**MAX**
7	**REF 1**	**45330**	Sigmoidoscopy, flexible; diagnosti	54	**0.022**			**0.84**			41	13	3	5			10			10					
8	**REF 2**	**46600**	Anoscopy; diagnostic, including c	12	**0.034**			**0.55**			22	2	5				5			10					
9	**current**	**45300**	Proctosigmoidoscopy, rigid; diagn		**0.042**			**0.80**			27	2	5				10			10					
10	**SVY**	**45300**	**Proctosigmoidoscopy, rigid; dia**	**96**	**0.024**	**0.61**	**0.80**	**0.80**	**0.90**	**2.50**	**37**	**10**	**5**	**2**	**2**	**5**	**10**	**12**	**20**	**10**	**0**	**12**	**30**	**101**	**1200**
11	**REC**	**45300**	**Maintain RVW**		**0.038**			**0.80**			**30**	**3**	**5**	**2**			**10**			**10**					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Global Period 000 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 society Advisors reviewed the current PE details to develop a recommendation for code 45300.

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. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
We recommend 12 minutes of pre-service clinical staff time which corresponds to "minimal use" of clinical staff, minus pre-service education. For the instances where patients will require this procedure to be performed in a facility setting, clinical staff will need to make several phone calls related to pre-service diagnostic and referral forms, coordinating pre-surgery services, request (schedule) supplies and equipment and coordinate facility schedule with physician and patient schedule. Clinical staff will also contact the patient prior to the procedure regarding any necessary changes in current medications, especially OTC antiplatelet drugs.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: Clinical staff will need to make several phone calls related to pre-service diagnostic and referral forms, coordinate pre-surgery services, request (schedule) supplies and equipment and coordinate facility schedule with physician and patient schedule. Clinical staff will also contact the patient prior to the procedure regarding any necessary changes in current medications, especially OTC antiplatelet drugs.

Service Period Clinical Activities:

Pre-Service (of Service Period): N/A

Intra-Service (of Service Period): N/A

Post-Service (of Service Period): N/A

Post-Service Period Clinical Activities: *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

REVISED 4-26-17

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Global Period 000 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 society Advisors reviewed the current PE details to develop a recommendation for code 45300.

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. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA016 (Position patient): We recommend 5 minutes to assist the physician with positioning the patient prone with buttocks effaced.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

CA011 (Provide education/obtain consent): We recommend 2 minutes for clinical staff to answer any additional questions the patient may have and document that consent has been obtained. This time was previously included in the pre-service category.

5. 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:

CA011 (Provide education/obtain consent): We recommend 2 minutes for clinical staff to answer any additional questions the patient may have and document that consent has been obtained. This time was previously included in the pre-service category.

CA015 (Setup scope): Setting up the scope was incorrectly omitted from the previous review.

Supplies:

SK087 (water, distilled): Item added that is used to flush out stool during the procedure.

SJ052 (swab, procto 16in): Item added that is used to move stool around for suctioning and better visualization.

SA042 (pack, cleaning and disinfecting, endoscope): Item replaces individual scope cleaning items that have been deleted.

SM021 (sanitizing cloth-wipe (patient)): Item added for patient cleansing after procedure.

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:
N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
Clinical staff will contact the patient/family regarding current medications and evacuation prior to this procedure. The clinical staff will confirm that patient has not taken over the counter antiplatelet medication for at least 7 days prior to the procedure.

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical staff will answer patient and family questions about the procedure and confirm consent is documented. Clinical staff will set up the supplies and equipment necessary for the procedure and assist the physician in positioning the patient prone with buttocks effaced.

Intra-Service (of Service Period): Clinical staff will assist the physician throughout the procedure; handing supplies and instruments and maintaining patient position as needed.

Post-Service (of Service Period): After the patient has cleaned up, the clinical staff will verify that the patient is not bleeding. After the patient is cleaned and dressed, clinical staff will review the physician's instructions to the patient about home and answer any further questions before the patient leaves the office. After the patient has left the office, clinical staff will disposed of supplies used for the procedure and then clean the scope and suction machine.

Post-Service Period Clinical Activities:
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 assist the physician throughout the procedure; handing supplies and instruments and maintaining patient position 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. 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

	A	B	D	E	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**current**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***			**45300**		**45300**	
3		***RUC Collaboration Website***			Proctosigmoidoscopy, rigid; diagnostic, with or without collection of		Proctosigmoidoscopy, rigid; diagnostic, with or without collection of	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 13** **Specialty: ASCRS, ACS, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**58.0**	**22.0**	**40.0**	**12.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**19.0**	**0.0**	**12.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**49.0**	**0.0**	**40.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**						
12		**Start: Following visit when decision for surgery or procedure made**						
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	3	3		3
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	3	5		3
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	3	3	**0**	3
23		**End: When patient enters office/facility for surgery/procedure**						

	A	B	D	E	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**current**		**RECOMMENDED**	
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7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**58.0**	**22.0**	**40.0**	**12.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**19.0**	**0.0**	**12.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**49.0**	**0.0**	**40.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**0.0**
24		**SERVICE PERIOD**						
25		**Start: When patient enters office/facility for surgery/procedure:**						
26		**Pre-Service (of service period)**						
27	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	5			
28	CA010	Obtain vital signs	L037D	RN/LPN/MTA	3			
29	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA			2	
31	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	2		2	
33	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA			5	
34	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	2		5	
35	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA				
38		**Intra-service (of service period)**						
39	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	14		10	

	A	B	D	E	H	I	J	K
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3		***RUC Collaboration Website***			Proctosigmoidoscopy, rigid; diagnostic, with or without collection of		Proctosigmoidoscopy, rigid; diagnostic, with or without collection of	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 13** **Specialty: ASCRS, ACS, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**58.0**	**22.0**	**40.0**	**12.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**19.0**	**0.0**	**12.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**49.0**	**0.0**	**40.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**0.0**
45		**Post-Service (of service period)**						
47	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	5			
48	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3		3	
49	CA025	Clean scope	L037D	RN/LPN/MTA	10		10	
51	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	2			
53	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	1		1	
59	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	2		2	
63		**End: Patient leaves office**						

	A	B	D	E	H	I	J	K
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3		***RUC Collaboration Website***			Proctosigmoidoscopy, rigid; diagnostic, with or without collection of		Proctosigmoidoscopy, rigid; diagnostic, with or without collection of	
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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**58.0**	**22.0**	**40.0**	**12.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**19.0**	**0.0**	**12.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**49.0**	**0.0**	**40.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**0.0**
64		**POST-SERVICE PERIOD**						
65		**Start: Patient leaves office/facility**						
66	CA037	Conduct patient communications	L037D	RN/LPN/MTA		3		
77		**End: with last office visit before end of global period**						

	A	B	D	E	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**current**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***			**45300**		**45300**	
3		***RUC Collaboration Website***			Proctosigmoidoscopy, rigid; diagnostic, with or without collection of		Proctosigmoidoscopy, rigid; diagnostic, with or without collection of	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 13** **Specialty: ASCRS, ACS, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**58.0**	**22.0**	**40.0**	**12.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**9.0**	**19.0**	**0.0**	**12.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**49.0**	**0.0**	**40.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**0.0**
78	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
79	SA048	pack, minimum multi-specialty visit	1.143	pack	1			
80	SB001	cap, surgical	0.209	item	3		2	
81	SB022	gloves, non-sterile	0.084	pair	4		1	
82	SB027	gown, staff, impervious	1.186	item	3		2	
83	SB034	mask, surgical, with face shield	1.199	item	3		2	
84	SB039	shoe covers, surgical	0.338	pair	3		2	
85	SC056	syringe 50-60ml	0.881	item	1		1	
86	SK087	water, distilled	0.013	oz			5	
87	SJ052	swab, procto 16in	0.117	item	3		3	
88	SD009	canister, suction	3.908	item	1		1	
89	SD132	tubing, suction, non-latex (6ft uou)	1.795	item	1		1	
90	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	2.961	item	1		1	
91	SG050	gauze, non-sterile 2in x 2in	0.013	item	8		8	
92	SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item	4		4	
93	SH048	lidocaine 2% jelly, topical (Xylocaine)	0.647	ml	4		4	
94	SM021	sanitizing cloth-wipe (patient)	0.037	item			1	
95	SA042	pack, cleaning and disinfecting, endoscope	17.062	pack			1	
96	SG008	applicator, cotton-tipped, non-sterile 6in	0.007	item	3			
97	SJ010	basin, emesis	0.216	item	1			
98	SM010	cleaning brush, endoscope	4.992	item	1			
99	SM014	endoscope anti-fog solution	1.067	ml	1			
100	SM015	enzymatic detergent	0.229	oz	1			
101	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz	6			
102	SM019	glutaraldehyde test strips (Cidex, Metrex)	1.012	item	1			
106	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**				
108	EF031	table, power	6153.63	Non-highly Technical Equipment Formula	49		30	
109	ES003	cart, endoscopy imaging equipment	2793	Non-highly Technical Equipment Formula	49		30	
110	EQ235	suction machine (Gomco)	743.21	Non-highly Technical Equipment Formula	49		30	
111	ES012	endoscope, rigid, sigmoidoscopy	841.38	Non-highly Technical Equipment Formula	49		40	
112	ES005	endoscope disinfector, rigid or fiberoptic, w-cart	18802	Non-highly Technical Equipment Formula	49		10	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly

April 2017

Removal of Intraperitoneal Catheter

In October 2016, CPT code 49422 was identified as a site of service anomaly because Medicare data from 2012-2014 indicated that it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period. The RUC determined that this service would be placed on the next level of interest form to survey for April 2017. Prior to survey, the specialty societies requested that the service be changed from a 010 day global to a 000 day global. As a rationale, the specialties indicated that code 49422 may be performed due to: catheter site infection; fractured/blocked catheter; or discontinued need for catheter. Based on a review of billed-with data, 49422 is reported alone almost 60% of the time and billed with creation of an A-V fistula or renal transplantation less than 12% of the time. Therefore, removal is most typically required for infection. Patients with an IP catheter-related infection that does not respond to oral antibiotic treatment will have the catheter removed and will be placed on different oral or IV antibiotics after removal. Depending on severity of the infection and response to post-removal antibiotics, the patient may be discharged within 24 hours or may be hospitalized for several days. This dichotomy is evident with the almost equal 2015 Medicare site-of-service split for inpatient (47%) and outpatient (47%) claims. If the patient undergoes catheter removal, antibiotic treatment, and is released the next day, it is most likely that the patient will follow-up with the nephrologist. In these cases, the patient may not return to the surgeon's office for suture removal. On the other hand, if a patient undergoes catheter removal and is unresponsive or slow to respond to antibiotic treatment, the patient will likely be admitted to the hospital for several days and the infection site will be monitored by the surgeon, as necessary, to determine if additional procedures/surgery is necessary. CMS agreed with this rationale and reassigned the global period to 000-day. The specialty society surveyed this service as a 000-day global period.

49422 ***Removal of tunneled intraperitoneal catheter***
The RUC reviewed the survey results from 37 general and vascular surgeons and determined that the survey 25th percentile work RVU of 4.00 appropriately accounted for the work required to perform this service. The RUC recommends 33 minutes of pre-service evaluation time, 3 minutes of pre-service positioning, 10 minutes of pre-service scrub/dress/wait, 45 minutes intra-service time and 20 minutes post-service time. The specialty societies argued that the survey respondents indicated that the physician work, time and intensity was identical to the top key reference code 49421 *Insertion of tunneled intraperitoneal catheter for dialysis, open* (work RVU = 4.21 and 45 minutes intra-service time). The RUC thoroughly discussed the intensity and work required to perform the removal of intraperitoneal catheter compared to the insertion. The specialty societies indicated that the active peritonitis, necessity of nasogastric tube, scarred fascia and risk of entering the peritoneum and bowel to safely dissect and remove the double cuff catheter contribute to a higher intensity than the insertion and that the removal code has always been valued higher than the insertion code for these reasons. However, the RUC disagreed and noted that it is generally straightforward to free the catheter from the adhesions and it is not more intense or difficult than the insertion.

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The RUC compared the surveyed code to CPT codes 49406 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous* (work RVU = 4.00 and 40 minutes intra-service time) and 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* (work RVU = 4.00 and 48 minutes intra-service time) and determined these services require the same physician work to perform. **The RUC recommends a work RVU of 4.00 for CPT code 49422.**

Practice Expense
The Practice Expense Subcommittee modified the direct practice expense inputs by reducing the pre-service clinical staff time to the standard for minimal use of clinical staff, and reducing *conduct patient communication*s (CA037) to one rather than two phone calls at 3 minutes. The RUC approved the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
49422	Removal of tunneled intraperitoneal catheter	~~010~~ 000	4.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:49422 Tracking Number n/a Original Specialty Recommended RVU: **4.21**
Presented Recommended RVU: **4.21**
Global Period: 000 Current Work RVU: **6.29** RUC Recommended RVU: **4.00**

CPT Descriptor: Removal of tunneled intraperitoneal catheter

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with chronic renal failure and a permanent intraperitoneal catheter has a persistent catheter infection that has not responded to antibiotic therapy. Removal of the catheter is 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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Confirm any necessary pre-operative adjustments to other medications. Examine patient and update H&P. Review results of preadmission testing. Meet with patient and family to review planned procedure and postoperative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with positioning of patient. Indicate areas of skin to be prepped and draped with the exit site and tubing temporarily excluded by toweling. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under anesthesia, the previous catheter insertion scar is incised and dissection is carried through the subcutaneous tissues with a cautery device down to the fascia. During the course of dissection, the peritoneal dialysis catheter is identified in the subcutaneous tissues and traced back to the point of emergence from the fascia. Cautery dissection is used to mobilize the deep Dacron cuff from the rectus muscle. The intraperitoneal portion of the dialysis catheter is withdrawn from the peritoneal cavity. The muscle and fascia are repaired. Next, attention is directed to removing the remaining catheter segment. With the aid of a retractor and traction on the catheter tubing, cautery dissection is continued along the subcutaneous catheter segment to expose the superficial Dacron cuff. Scissors are used to cut the catheter tubing external of the superficial cuff and the previous intraperitoneal portion (including both cuffs) of the catheter is removed from the field. The subcutaneous tissues are irrigated and hemostasis is obtained. The fascia, subcutaneous tissues, and skin edges are infiltrated with bupivacaine for postoperative pain control. The subcutaneous tissues and skin are closed in standard fashion. The skin is further supported with steri-strips. The drapes are retracted sufficiently to allow the remaining portion of the peritoneal dialysis catheter to be withdrawn from the exit site and discarded.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. As needed, assist team in moving patient to stretcher. Discuss postoperative care with recovery area staff. Write postoperative orders for care and pain medication. Write brief operative note. Repeat patient exam and assessment of vital signs in recovery area, as needed. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed, with copy to referring physician and coordination with nephrologist for subsequent dialysis. Depending on the preexisting comorbidities and operative course, the patient may require hospital admission, overnight hospital stay, or more rarely, same-day discharge. The patient is typically transferred to the hospital floor when recovery area discharge criteria are met, with appropriate orders for continued antibiotics. follow-up labs, imaging, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Matthew Sideman, MD, FACS; Francesco.Aiello, MD, FACS		
Specialty(s):	ACS, SVS		
CPT Code:	49422		
Sample Size:	900	**Resp N:** 37	**Response:** 4.1 %
Description of Sample:	SVS: random selection from membership database ACS: random selection of members identified as general surgeons in membership databse		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**6.00**	10.00	30.00
Survey RVW:	2.75	4.00	**4.21**	5.10	7.25
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**45.00**	45.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	49422	**Recommended Physician Work RVU: 4.00**		
		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:		**10.00**	**15.00**	**-5.00**
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)

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:	**20.00**	**30.00**	**-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
49421	000	4.21	**RUC Time**

CPT Descriptor Insertion of tunneled intraperitoneal catheter for dialysis, open

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37191	000	4.46	**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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
11044	000	4.10	**RUC Time**	69,570

CPT Descriptor 1 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15004	000	4.58	**RUC Time**	23,944

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, 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

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:** 40.5 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 8.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 49422	**Top Key Reference CPT Code:** 49421	**2nd Key Reference CPT Code:** **37191**
Median Pre-Service Time	46.00	46.00	28.00
Median Intra-Service Time	45.00	45.00	30.00
Median Immediate Post-service Time	20.00	20.00	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	**111.00**	**111.00**	**73.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	30%	40%	30%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	20%	30%	50%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	20%	50%	30%
Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	30%	50%	20%
Physical effort required	0%	70%	30%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	40%	20%	40%
Outcome depends on the skill and judgment of physician	20%	60%	20%
Estimated risk of malpractice suit with poor outcome	20%	30%	50%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	100%	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	0%	67%	33%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	67%	33%
Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	34%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	33%	67%	0%
Outcome depends on the skill and judgment of physician	0%	67%	33%
Estimated risk of malpractice suit with poor outcome	67%	33%	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

In October 2016, code 49422 was identified by the RAW through a screen of Medicare data from 2012-2014 that indicated the procedure was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital E/M services.

Code 49422 was surveyed in 1994 (new for CPT 1995) as a 10-day global code. The survey instrument in 1994 did not request information about postoperative visits, but instead asked for postoperative time. The survey postoperative time was later transformed into visits by a CMS contractor for purposes of calculating practice expense RVUs. In recent years, CMS policy has been implemented that assigns patient status as outpatient for a majority of patients that are discharged from the hospital within 48 hours. This has resulted in a shift of facility status from inpatient to outpatient for many patients and procedures, even though the surgeon's work and the patient have not changed.

Prior to survey, we requested a global period reassignment from 010 to 000. As a rationale, we indicated that code 49422 may be performed due to: catheter site infection; fractured/blocked catheter; or discontinued need for catheter. Based on a review of billed-with data, 49422 is reported alone almost 60% of the time and billed with creation of an A-V fistula or renal transplantation less than 12% of the time. Therefore, removal is most typically required for infection. Patients with an IP catheter-related infection that does not respond to oral antibiotic treatment will have the catheter removed and will be placed on different oral or IV antibiotics after removal. Depending on severity of the infection and response to post-removal antibiotics, the patient may be discharged within 24 hours or may be hospitalized for several days. This dichotomy is evident with the almost equal 2015 Medicare site-of-service split for inpatient and outpatient claims (47.20% versus 47.28%, respectively). If the patient undergoes catheter removal, antibiotic treatment, and is released the next day, it is most likely that the patient will followup with their nephrologist. In these cases, the patient may not return to the surgeon's office for suture removal. On the other hand, if a patient undergoes catheter removal and is unresponsive or slow to respond to antibiotic treatment, the patient will likely be admitted to the hospital for several days and the infection site will be monitored by the surgeon, as necessary, to determine if further treatment and/or surgery is necessary. CMS agreed with this rationale and reassigned the global period to 000-day.

Survey Sample and Process

The survey request was sent to a random selection from the SVS membership database and a random selection of self-identified general surgeons in the ACS membership database. A standard RUC survey was conducted and 37 responses were received.

Recommendation

We recommend a work RVU of 4.21 which is the survey median.

Pre-time Package 3

This procedure will typically be performed under general anesthesia. We recommend pre-time package 3, but have reduced the package scrub, dress, wait time by 5 minutes to correspond with the survey median time.

Post-time Package 9A

We recommend post-time package 9A, but have reduced the package time by 10 minutes to correspond with the survey median time.

Key Reference Code Comparison

KRS	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	**4.21**	0.064	**111**	46	**45**	20
49422	Removal of tunneled intraperitoneal catheter	**4.21**	0.064	**111**	46	**45**	20
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	**4.46**	0.119	**73**	28	**30**	15

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	**4.10**	0.061	**116**	51	**45**	20
49422	Removal of tunneled intraperitoneal catheter	**4.21**	0.064	**111**	46	**45**	20
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	**4.58**	0.054	**150**	75	**45**	30

Other Code Comparison

The table below presents all 000-global codes reviewed by the RUC from 2013 to 2016 in the RVW range of 4.00 to 4.50. This table provides additional support for the recommendation of 4.21 for code 49422.

RUC	CPT	Descriptor	RVW	IWPUT	Total Time	Pre Pkg	PRE	INTRA	POST
2013	**49405**	Image cath fluid colxn visc	**4.00**	0.071	**95**	2	35	**40**	20
2013	**49406**	Image cath fluid peri/retro	**4.00**	0.071	**95**	2	35	**40**	20
2015	**50432**	Plmt nephrostomy catheter	**4.00**	0.062	**97**	2	29	**48**	20
2016	**58562**	Hysteroscopy remove fb	**4.00**	0.100	**101**	3	56	**25**	20
2013	**43270**	Egd lesion ablation	**4.01**	0.068	**91**	2	31	**45**	15
2013	**43259**	Egd us exam duodenum/jejunum	**4.04**	0.066	**96**	2	31	**45**	20
2013	**43233**	Egd balloon dil esoph30 mm/>	**4.07**	0.102	**78**	2	28	**30**	20
2014	**45384**	Colonoscopy w/lesion removal	**4.07**	0.118	**65**	1	22	**28**	15
2014	**44406**	Colonoscopy w/ultrasound	**4.10**	0.076	**90**	2	30	**40**	20
2014	**44391**	Colonoscopy for bleeding	**4.12**	0.080	**85**	2	30	**40**	15
2014	**44408**	Colonoscopy w/decompression	**4.14**	0.080	**85**	2	30	**40**	15
2012	**31647**	Bronchial valve init insert	**4.15**	0.052	**110**	1	20	**60**	30
2013	**43257**	Egd w/thrml txmnt gerd	**4.15**	0.071	**91**	2	31	**45**	15
2013	**43238**	Egd us fine needle bx/aspir	**4.16**	0.070	**93**	2	28	**45**	20
2016	**58558**	Hysteroscopy biopsy	**4.17**	0.089	**106**	3	56	**30**	20
2013	**43211**	Esophagoscop mucosal resect	**4.20**	0.071	**94**	2	31	**45**	18
2014	**45398**	Colonoscopy w/band ligation	**4.20**	0.114	**68**	2	23	**30**	15
	49422	Removal of tunneled intraperitoneal catheter	**4.21**	0.064	**111**	3	46	**45**	20
2016	**36902**	Intro cath dialysis circuit	**4.24**	0.082	**86**	6	26	**40**	20
2015	**47532**	Injection for cholangiogram	**4.25**	0.075	**88**	2	28	**45**	15

RUC	CPT	Descriptor	RVW	IWPUT	Total Time	Pre Pkg	PRE	INTRA	POST
2013	**49407**	Image cath fluid trns/vgnl	**4.25**	0.069	**100**	2	35	**45**	20
2013	**43243**	Egd injection varices	**4.27**	0.107	**81**	2	31	**30**	20
2014	**45379**	Colonoscopy w/fb removal	**4.28**	0.100	**73**	2	23	**35**	15
2014	**44401**	Colonoscopy with ablation	**4.34**	0.123	**62**	2	22	**30**	10
2013	**43244**	Egd varices ligation	**4.40**	0.111	**81**	2	31	**30**	20
2015	**31652**	Bronch ebus samplng 1/2 node	**4.46**	0.058	**107**	1	22	**60**	25
2016	**58563**	Hysteroscopy ablation	**4.47**	0.099	**106**	3	56	**30**	20
2014	**52441**	Cystourethro w/implant	**4.50**	0.112	**93**	6	42	**30**	21

Summary

When code 49422 (removal) was originally valued in 1994, the RUC compared code 49422 to code 49421 (insertion) and determined that removal would be more work than insertion because it includes dissection and fascial repair, which is not included in the work of 49421. At that time, both 49421 and 49422 had a global period greater than 000-day. In 2010, code 49421 was identified as having a site of service anomaly and the global period was changed to 0-day prior to survey because of the wide variation in postoperative work. Code 49421 was revalued using magnitude estimation. Although we believe the typical patient and procedure related to 49422 are more complex than for 49421, we recommend 4.21 work RVUs which is the survey median and the same value as 49421, a closely related service. This information and the comparison to key reference code 37191, MPC codes, and many recently reviewed codes supports the recommendation of 4.21 work RVUs for 49422.

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) 49422

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 general surgery How often? Sometimes

Specialty vascular 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?
10,937 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty general surgery Frequency 7600 Percentage 69.48 %

Specialty vascular surgery Frequency 1500 Percentage 13.71 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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 49422

If this code is a new/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: Removal of Intraperitoneal Catheter

TAB: 14

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	POST-FACILITY P-SD	POST-FACILITY 32	POST-FACILITY 31	POST-FACILITY 38	POST-FACILITY 39	OFFICE 13	OFFICE 12	OFFICE 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF 1	49421	Insertion of tunneled intraperi	15	0.064			4.21			111	33	3	10			45			20												
REF 2	37191	Insertion of intravascular ven	3	0.119			4.46			73	20	3	5			30			15												
current	49422	Removal of tunneled intraper		0.037			6.29			212	60					48			30		1	1		1							
SVY	49422	Removal of tunneled intraper	37	0.062	2.75	4.00	4.21	5.10	7.25	115	35	5	10	20	30	45	45	60	20								0	1	6	10	30
REC	49422	Removal of tunneled intraperitone		0.059			4.00			111	33	3	10			45			20												

REVISED 4-26-17

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Removal of tunneled intraperitoneal catheter

Global Period 000 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 society Advisors reviewed the current PE details for 49422 and the PE details for reference code 49421 to develop a recommendation for code 49422.

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 code and closely related key reference code 49421 were used as references.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
We are recommending 15 minutes for "minimal use" of clinical staff. This procedure will typically be performed in the operating room under general anesthesia for patients with a persistent permanent IP catheter infection that has not responded to antibiotic therapy. All of the clinical staff activities related to a 90-day global procedure that will be performed under general anesthesia will apply to this code. The change to 0-day global only impacts reporting of postoperative work independent of whether the patient stays 24-48 hours (outpatient) or is admitted (inpatient). Preoperative clearing the patient for surgery under general anesthesia and coordinating space, supplies, equipment, and surgeon availability does not change with a change in global period. This work is also different than pre-service work for 49421. The patient for 49422 is being carefully monitored while on antibiotics to determine if the catheter needs to be removed. Pre-service clinical staff work will be greater than for a patient undergoing 49421.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

CA037 (Conduct patient communications): After the procedure, clinical staff will take calls to answer questions from the patient's family and from other physicians and QHPs to coordinate patient care. Three minutes (one phone call) is recommended for this work.

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:
N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
Clinical staff will complete pre-service diagnostic and referral forms and coordinate pre-surgery services including test results prior to admission for the procedure. Clinical staff will also coordinate scheduling

space and equipment for the procedure with the surgeon's availability. Calls will be made to the patient and family to answer questions about the procedure, what to expect during the hospital stay, and to discuss any necessary changes medications prior to arrival at the hospital. Clinical staff will make phone calls to coordinate patient care with other physicians, including the patient's nephrologist and PCP.

Service Period Clinical Activities:

Pre-Service (of Service Period): N/A

Intra-Service (of Service Period): N/A

Post-Service (of Service Period): N/A

Post-Service Period Clinical Activities:
After the procedure, clinical staff will take calls to answer questions from the patient's family and from other physicians and QHPs to coordinate patient care. Three minutes (one phone call) is recommended for this work.

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

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Removal of tunneled intraperitoneal catheter

Global Period 000 Meeting Date: April 2017

*****No Non-Facility Direct PE Inputs are recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Apr-2010**		**PEAC Jan-2003**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column***			**49421**		**49422**		**49422**	
3		***RUC Collaboration Website***			Insertion of tunneled intraperitoneal catheter for		Removal of tunneled intraperitoneal catheter		Removal of tunneled intraperitoneal catheter	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-26-17** **Tab: 14** **Specialty: ACS, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**010**	**010**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**14**	**0**	**69**	**0**	**18**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**8**	**0**	**30**	**0**	**15**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**12**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**27**	**0**	**3**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA		5		5		**3**
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA				10		**3**
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		5		**3**
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				7		**3**
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA				3		**3**
23		**End: When patient enters office/facility for surgery/procedure**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Apr-2010**		**PEAC Jan-2003**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column***			**49421**		**49422**		**49422**	
3		***RUC Collaboration Website***			Insertion of tunneled intraperitoneal catheter for		Removal of tunneled intraperitoneal catheter		Removal of tunneled intraperitoneal catheter	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 14** **Specialty: ACS, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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6		**GLOBAL PERIOD**			**000**	**000**	**010**	**010**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**14**	**0**	**69**	**0**	**18**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**8**	**0**	**30**	**0**	**15**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**12**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**27**	**0**	**3**
24		**SERVICE PERIOD**								
25		**Start: When patient enters office/facility for surgery/procedure:**								
26		**Pre-Service (of service period)**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Apr-2010**		**PEAC Jan-2003**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column***			**49421**		**49422**		**49422**	
3		***RUC Collaboration Website***			Insertion of tunneled intraperitoneal catheter for		Removal of tunneled intraperitoneal catheter		Removal of tunneled intraperitoneal catheter	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-26-17** **Tab: 14** **Specialty: ACS, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**010**	**010**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**14**	**0**	**69**	**0**	**18**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**8**	**0**	**30**	**0**	**15**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**12**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**27**	**0**	**3**
60	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**	**12**	**n/a**	**0**
63		**End: Patient leaves office**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Apr-2010**		**PEAC Jan-2003**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column***			**49421**		**49422**		**49422**	
3		***RUC Collaboration Website***			Insertion of tunneled intraperitoneal catheter for		Removal of tunneled intraperitoneal catheter		Removal of tunneled intraperitoneal catheter	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-26-17** **Tab: 14** **Specialty: ACS, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**010**	**010**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**14**	**0**	**69**	**0**	**18**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**8**	**0**	**30**	**0**	**15**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**12**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**27**	**0**	**3**
64		**POST-SERVICE PERIOD**								
65		**Start: Patient leaves office/facility**								
66	CA037	Conduct patient communications	L037D	RN/LPN/MTA		6				**3**
68		***Office visits: List Number and Level of Office Visits***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
69		99211 16 minutes	16							
70		99212 27 minutes	27					1		
71		99213 36 minutes	36							
72		99214 53 minutes	53							
73		99215 63 minutes	63							
74	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**27.0**	**0.0**	**0.0**
77		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC Apr-2010**		**PEAC Jan-2003**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column***			**49421**		**49422**		**49422**	
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6		**GLOBAL PERIOD**			**000**	**000**	**010**	**010**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**14**	**0**	**69**	**0**	**18**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**8**	**0**	**30**	**0**	**15**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**12**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**27**	**0**	**3**
78	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
79	SA048	pack, minimum multi-specialty visit	1.143	pack				1		0
80	SA054	pack, post-op incision care (suture)	4.907	pack				1		0
90	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
91	EF023	table, exam	1338.17	Non-highly Technical Equipment Formula				27		0
92	EF014	light, surgical	4489.13	Non-highly Technical Equipment Formula				27		0

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Vaginal Treatments

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT codes 57150 and 57160 were identified as part of this screen.

57150 ***Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease***
The RUC reviewed the survey results from 131 gynecologists and recommends a work RVU of 0.50 which is supported by a direct work RVU crosswalk to 2nd key reference code CPT code 51701 *Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)* (work RVU = 0.50, 5 minutes intra-service time and 24 minutes total time) and falls below both the survey 25th percentile and the current work value. To further support a work RVU of 0.50, the RUC crosswalked the survey code to CPT code 17250 *Chemical cauterization of granulation tissue (proud flesh, sinus or fistula* (work RVU = 0.50, 5 minutes intra-service time and 17 minutes total time) and noted that the survey code has the same intra-service time and nearly identical total time and intensity. The RUC noted that the recommended decrease in work is reflective of the decrease in intra-service time. For additional support, the RUC also referenced top key reference CPT code 51700 *Bladder irrigation, simple, lavage and/or instillation* (work RVU = 0.60) and MPC code 51702 *Insertion of temporary indwelling bladder catheter; simple (eg, Foley)* (work RVU = 0.50).

The RUC examined the pre-service times for potential overlap with E/M and recommends 6 minutes evaluation time, 3 minutes positioning time, 1 minute scrub/dress/wait time, 5 minutes intra-service time, and 3 minutes of immediate post-service time. The RUC agrees with the direct crosswalk recommendation of 0.50 work RVUs and believes that it appropriately ranks this procedure within the obstetrics/gynecology family. **The RUC recommends a work RVU of 0.50 for CPT code 57150.**

57160 ***Fitting and insertion of pessary or other intravaginal support device***
The RUC reviewed the survey results from 228 gynecologists and determined that it was appropriate to maintain the current work RVU of 0.89, below the survey 25th percentile. The RUC discussed the time recommendations to ensure they accounted for potential overlap with E/M and removed 1 minute of scrub/dress/wait which is not typical for this service. The RUC recommends 7 minutes evaluation time, 3 minutes positioning time, 15 minutes intra-service time, and 9 minutes of immediate post-service time. The survey respondents indicated an increase from 5 to 9 minutes of immediate post-service time. The specialty society indicated and the RUC agreed that the increase in post-service time is due to a greater push towards more conservative care with more thorough evaluation and fitting of multiple pessaries if necessary.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC compared the survey code to MPC codes 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU = 0.71) and 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU = 1.01) and noted that the survey code fits appropriately within the obstetrics/gynecology family. **The RUC recommends a work RVU of 0.89 for CPT code 57160.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense

The specialty society explained that they are asking for additional supply items over the current inputs because there appears to be a database error and needed supplies for the service are missing from when this service was last reviewed in 2005. The specialty explained that the vignette for 57150 only describes the application of medicament, but for the typical patient the physician does both the irrigation and the application of medicament. The PE Subcommittee discussed that the supplies have to reflect the vignette used in the survey and that the specialty has the option of revising the vignette and resurveying or taking the code to the CPT Editorial Panel and revising the descriptor or possibly dividing out the code into two codes. For CPT code 57150, the PE Subcommittee eliminated the following supplies based on the description of the service and the vignette:

- SB027 gown, staff, impervious
- SB034 mask, surgical, with face shield
- SB039 shoe covers, surgical
- SD029 catheter, red rubber

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And added the following supply:

- SB006 drape, non-sterile, sheet 40in x 60in

The PE Subcommittee did not modify CPT code 57160. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	000	0.50
57160	Fitting and insertion of pessary or other intravaginal support device	000	0.89 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:57150 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: 000 Current Work RVU: **0.55** RUC Recommended RVU: **0.50**

CPT Descriptor: Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 31-year-old gravida 2, para 2 (G2P2) female comes into the office for treatment of resistant monilial vaginitis. The vagina is swabbed with gentian violet.

Percentage of Survey Respondents who found Vignette to be Typical: 58%

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: Once the diagnosis is confirmed and the patient has opted for medicament application/irrigation, the patient is further counseled regarding risks of procedure. LMP and appropriate contraception is confirmed with pregnancy testing if indicated. Confirm possible allergies to the procedural medications. Informed consent is obtained.

Description of Intra-Service Work: A lubricated bivalve speculum is inserted into the vagina for visualization of the vaginal canal and apex. Vaginal discharge is removed with Procotoswabs. Exposure of the vaginal apex, sulci, and angles bilaterally is achieved with the swabs to provide direct visualization of the vaginal mucosa. If visualization is inadequate, fluid retainment products are placed under the patient's hips. Using a 60cc irrigating syringe and appropriate fluid, the vaginal canal is irrigated until clear of discharge and the vaginal mucosa adequately visualized. The appropriate medication is applied to the vaginal mucosa of the apex, sulci, angles and length of the vaginal walls bilaterally. The speculum is then carefully removed to not dislodge applied medication. Fluid retainment products are removed and the patient is assisted back into a sitting position.

Description of Post-Service Work: Observe patient for possible side effects to the procedure. Post-procedure care instructions are discussed, to include hygiene and sexual activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	George Hill, MD, Jon Hathaway, MD, PhD, Mitch Schuster, MD					
Specialty(s):	gynecology					
CPT Code:	57150					
Sample Size:	3500	**Resp N:**	131	**Response:** 3.7 %		
Description of Sample:	Simple Random Sample from ACOG membership: 2500 US, MD/DO practicing members Random Sample of Applicable Subset from AUGS membership: 1000 US, MD/DO practicing members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**10.00**	40.00	500.00	
Survey RVW:	0.06	0.57	**0.60**	0.95	3.00	
Pre-Service Evaluation Time:			**6.00**			
Pre-Service Positioning Time:			**3.00**			
Pre-Service Scrub, Dress, Wait Time:			**1.00**			
Intra-Service Time:	1.00	3.00	**5.00**	10.00	45.00	
Immediate Post Service-Time:	**3.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	57150	**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:		**6.00**	**7.00**	**-1.00**
Pre-Service Positioning Time:		**3.00**	**0.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**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)

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:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51700	000	0.60	**RUC Time**

CPT Descriptor Bladder irrigation, simple, lavage and/or instillation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51701	000	0.50	**RUC Time**

CPT Descriptor Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
51702	000	0.50	**RUC Time**	222,465

CPT Descriptor 1 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67820	000	0.71	**RUC Time**	247,521

CPT Descriptor 2 Correction of trichiasis; epilation, by forceps only

Other Reference CPT Code	Global	Work RVU	Time Source
17250	000	0.50	**RUC Time**

CPT Descriptor Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)

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: 72 **% of respondents:** 54.9 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 14.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 57150	Top Key Reference CPT Code: 51700	2nd Key Reference CPT Code: **51701**
Median Pre-Service Time	10.00	15.00	14.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	3.00	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	**18.00**	**25.00**	**24.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	1%	13%	67%	18%	1%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	14%	50%	36%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	11%	65%	23%
Urgency of medical decision making	19%	71%	9%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	28%	61%	11%
Physical effort required	13%	74%	14%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	27%	61%	8%
Outcome depends on the skill and judgment of physician	15%	72%	13%
Estimated risk of malpractice suit with poor outcome	19%	74%	7%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	21%	74%	5%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	21%	32%	37%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	32%	32%	37%
Urgency of medical decision making	26%	68%	5%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	53%	47%	0%
Physical effort required	16%	84%	0%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	47%	53%	0%
Outcome depends on the skill and judgment of physician	16%	68%	16%
Estimated risk of malpractice suit with poor outcome	37%	58%	5%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT Codes 57150 and 57160 were identified in this screen.

Billed Together

CPT Code 57150 appears in the AMA "Medicare Same Day EM Billing Occurences - April 2017 Codes" file as being reported with an E&M service 82% of the time.

CPT Code 57150 does not appear on the AMA "Codes billed with for April 2017 RUC meeting" file as being reported with any other codes 50% of the time or greater.

Vignette

Survey respondents said the vignette was typical 58% of the time. The Specialty reviewed the respondent's comments and noted several respondents reported their typical patient is older, and many survey respondents noted gentian violet is not typically used any longer as other medications are available for use.

Description of Work

Work done in the E&M:

Patient complains of persistent vaginal discharge despite prior therapy. The physician reviews past treatments, recent OTC meds or changes in prescription medication, and past medical history for contributing factors. The discharge qualities and associated symptoms, any skin conditions, oral lesions or symptoms, intra-vaginal appliances, other types of lesions concomitantly in the same area, sexual activity and possible allergens are all discussed. The physician performs a physical exam and obtains swab samples for any indicated lab tests. Options for oral and topical medications are discussed, including risks, benefits, and anticipated response. The decision is made for vaginal application of the medicament/irrigation.

Evaluation time for procedure:

Once the diagnosis is confirmed and the patient has opted for medicament application/irrigation, the patient is further counseled regarding risks of procedure. LMP and appropriate contraception is confirmed with pregnancy testing if indicated. Confirm possible allergies to the procedural medications. Post-procedure care instructions are discussed, to include hygiene and sexual activity. Informed consent is obtained.

Pre Time Package - Positioning

This procedure is typically done in the non-facility setting. As such, the Specialty is recommending pre time package 5. However, the Society requests extra minutes of positioning time to put the patient in the dorsal lithotomy position. Although the standard time for dorsal lithotomy positioning is 5 minutes, the survey time was 3 minutes. Therefore, the Specialty recommends addition 3 minutes of positioning time to the standard pre-time package 5.

Work Recommendation

The Specialty is making a crosswalk recommendation for CPT Code 57150 of 0.50 wRVUs for this service. The reference code 51701 supports the wRVU recommendation. CPT Code 17250 also supports our

crosswalk recommendation of 0.50 wRVUs. We are recommending pre-time package 5 with 6 min of eval, 3 minutes of positioning and 1 minute of SDW.

Recommendations

The specialty received over 100 completed RUC physician work surveys from practicing physicians, with experience performing the procedure. The consensus panel reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule:

CPT	**wRVU**	**Total Time**	***Pre Eval***	***Pre Pos***	***Pre SDS***	***Intra Time***	***Post Time***
57150	0.50	17	*6*	*3*	*1*	*5*	*2*

	CPT	**wRVU**	**Total Time**	***Pre Time***	***Intra Time***	***Post Time***
Survey	57150	0.50	17	*10*	*5*	*2*
Ref Code	51701	0.50	24	*14*	*5*	*5*
MPC	51702	0.50	25	*15*	*5*	*5*
Other Ref Code	17250	0.50	17	*10*	*5*	*2*
Ref Code	51700	0.60	25	*15*	*5*	*5*
MPC	67820	0.71	15	*8*	*5*	*2*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. An E&M code is often billed with the procedure.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57150

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 obstetrics/gynecology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty 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?
28,887 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 (2017 V1) was used as a reference.

Specialty obstetrics/gynecology Frequency 21955 Percentage 76.00 %

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 57150

If this code is a new/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:57160 Tracking Number Original Specialty Recommended RVU: **0.89**
Presented Recommended RVU: **0.89**
Global Period: 000 Current Work RVU: **0.89** RUC Recommended RVU: **0.89**

CPT Descriptor: Fitting and insertion of pessary or other intravaginal support device

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old G4P4 postmenopausal female presents with cystocele and uterine prolapse. In addition, she suffers from chronic obstructive pulmonary disease (COPD), which makes her a poor candidate for surgical intervention. Pelvic examination reveals that her prolapse is reducible and that she has no evidence of laceration or ulceration of her vaginal mucosa. The insertion of a pessary or intravaginal support device is recommended.

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 of pessary fitting is explained in detail. The patient is draped and positioned comfortably in a lithotomy position.

Description of Intra-Service Work: The fitting pessary is inserted into the vagina. Assessment is made of the prolapse reduction. If inadequate reduction is achieved or the device is immediately painful, the device is removed and an alternative pessary model or size is selected and placed. Provocative maneuvers are performed while in the dorsal lithotomy position with direct physician observation after the initial evaluation for reduction and pain. Again, assessment is made of prolapse reduction. When complete reduction has been achieved, the patient is queried regarding device comfort. If not uncomfortable, the patient is instructed to sit, stand, walk and perform provocative maneuvers in a standing position to assess device comfort and efficacy. The patient is then reexamined in the dorsal lithotomy position. If the patient experiences extrusion of the device, significant movement of the device, or pain, the fitting trial is restarted with a new fitting pessary style or size and this process continues until an appropriate pessary is identified that effectively supports the prolapse and is not uncomfortable.

The patient is instructed in the insertion and care of the pessary. If she has no physical limitations that prevent self-care, she will demonstrate removal and insertion of the pessary. Vaginal exam is repeated at that time to confirm she has achieved proper placement without vaginal trauma.

Description of Post-Service Work: Patient is observed for stability after completion of the multiple position changes and provocative valsalva maneuvers. Specific documentation of the multiple pessary types and sizes attempted with reporting of expulsions and description of the provocative maneuvers is generated for each attempted pessary. The plan for removal and cleaning of the pessary is documented.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	George Hill, MD, Jon Hathaway, MD, PhD, Mitch Schuster, MD				
Specialty(s):	gynecology				
CPT Code:	57160				
Sample Size:	3500	**Resp N:**	228	**Response:** 6.5 %	
Description of Sample:	Simple Random Sample from ACOG membership: 2500 US, MD/DO practicing members Random Sample of Applicable Subset from AUGS membership: 1000 US, MD/DO practicing members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**40.00**	70.00	700.00
Survey RVW:	0.00	1.10	**1.55**	2.05	8.20
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**1.00**		
Intra-Service Time:	1.00	9.00	**15.00**	20.00	60.00

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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	57160	**Recommended Physician Work RVU: 0.89**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**0.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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:	**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
57456	000	1.85	**RUC Time**

CPT Descriptor Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52000	000	1.53	**RUC Time**

CPT Descriptor Cystourethroscopy (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
67820	000	0.71	**RUC Time**	247,521

CPT Descriptor 1 Correction of trichiasis; epilation, by forceps only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11042	000	1.01	**RUC Time**	1,628,800

CPT Descriptor 2 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

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: 62 **% of respondents:** 27.1 **%**

Number of respondents who choose 2nd Key Reference Code: 41 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 57160	Top Key Reference CPT Code: 57456	2nd Key Reference CPT Code: **52000**
Median Pre-Service Time	10.00	15.00	20.00
Median Intra-Service Time	15.00	20.00	10.00
Median Immediate Post-service Time	9.00	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	**34.00**	**45.00**	**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	2%	2%	55%	36%	5%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	21%	45%	33%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	33%	40%	26%
Urgency of medical decision making	50%	40%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	60%	33%
Physical effort required	10%	50%	40%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	45%	38%	17%
Outcome depends on the skill and judgment of physician	7%	55%	38%
Estimated risk of malpractice suit with poor outcome	71%	24%	5%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	3%	5%	51%	41%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	32%	39%	29%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	17%	59%	24%
Urgency of medical decision making	24%	68%	7%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	41%	41%
Physical effort required	7%	41%	51%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	41%	39%	20%
Outcome depends on the skill and judgment of physician	7%	49%	44%
Estimated risk of malpractice suit with poor outcome	34%	51%	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

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT Codes 57150 and 57160 were identified in this screen.

Billed Together

CPT Code 57160 appears in the AMA "Medicare Same Day EM Billing Occurences - April 2017 Codes" file as being reported with an E&M service 61% of the time.

CPT Code 57160 does not appear on the AMA "Codes billed with for April 2017 RUC meeting" file as being reported with any other codes 50% of the time or greater.

Description of Work

Work done in the E&M:

The patient presents by self or provider referral for evaluation of pelvic organ prolapse symptoms. Complete history of the presenting problem, past medical, surgical and sexual history is obtained. Thorough examination is essential and required to delineate viable therapy options. Conservative and surgical therapies based on history and physical are presented concomitantly with explanation of risk/benefits and reasonable outcome expectations.

Evaluation time for procedure:

Once the diagnosis is confirmed, explain the procedure to the patient and obtain informed consent. The procedure of pessary fitting is explained in detail.

Pre Time Package - Positioning

This procedure is typically done in the non-facility setting. As such, the Specialty is recommending pre time package 5. However, the Society requests extra minutes of positioning time to put the patient in the dorsal lithotomy position. Although the standard time for dorsal lithotomy positioning is 5 minutes, the survey time was 3 minutes. Therefore, the Specialty recommends addition 3 minutes to the standard pre-time package 5.

Recommendations

The specialty received over 200 completed RUC physician work surveys from practicing physicians, with experience performing the procedure. The consensus panel reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule:

CPT	wRVU	Total Time	*Pre Eval*	*Pre Pos*	*Pre SDS*	*Intra Time*	*Post Time*
57160	0.89	35	*7*	*3*	*1*	*15*	*9*

	CPT	wRVU	Total Time	*Pre Time*	*Intra Time*	*Post Time*
MPC	67820	0.71	15	*8*	*5*	*2*
Survey	57160	0.89	35	*11*	*15*	*9*
MPC	11042	1.01	36	*11*	*15*	*10*
Ref Code	52000	1.53	40	*20*	*10*	*10*
Ref Code	57456	1.85	45	*15*	*20*	*10*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. An E&M code is often billed with the procedure.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57160

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 obstetrics/gynecology 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? 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? 90,217 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 (2017 V1) was used as a reference.

Specialty obstetrics/gynecology Frequency 67663 Percentage 75.00 %

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:
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 57160

If this code is a new/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: Vaginal Treatments

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
1st REF	51700	Bladder irrigation, simple, lavage and/or instillation	72	0.045			0.60			25	5	5	5			5			5
2nd REF	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	19	0.026			0.50			24	5	5	4			5			5
CURRENT	57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		0.021			0.55			25	10					10			5
SVY	57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	131	0.065	0.06	0.57	0.60	0.95	3.00	18	6	3	1	1	3	5	10	45	3
REC	57150			0.045			0.50			18	6	3	1			5			3
		CROSSWALK: **51701** *Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)*		0.026			0.50			24	5	5	4			5			5
		CROSSWALK: **17250** *Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)*		0.046			0.50			17	5	5				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	57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	62	0.065			1.85			45	15					20			10
2nd REF	52000	Cystourethroscopy (separate procedure)	41	0.093			1.53			40	10	5	5			10			10
CURRENT	57160	Fitting and insertion of pessary or other intravaginal support device		0.027			0.89			40	10	5	5			15			5
SVY	57160	Fitting and insertion of pessary or other intravaginal support device	228	0.073	0.00	1.10	1.55	2.05	82.00	36	8	3	1	1	9	15	20	60	9
REC	57160			0.031			0.89			34	7	3	0			15			9

CPT Code: 57150 and 57160
Specialty Society: ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** April 2017

57150 *Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease*

57160 *Fitting and insertion of pessary or other intravaginal support device*

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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:

We used a consensus panel to make our recommendations.

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:

Both CPT Codes 57150 and 57160 are existing codes with current direct practice expense inputs. As such, we used the current inputs to build our recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

We are recommending 2 minutes for provide education/obtain consent for CPT Code 57160.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The Society is recommending the addition of several supply items. Peer-reviewed medical literature supports the inclusion of a standard set of supplies that support current technique and knowledge/technology to perform the procedure. The practice expense committee reviewed these codes in 2005 (57150) and 2000 (57160).

(57150) The existing supplies listed in the RUC database are not adequate to safely complete an irrigation procedure and the Society believes this was an oversight during the last PE review (2005). As such, we have recommend inclusion of irrigation and fluid management supplies.

(57160) Pessary management is currently the only non-surgical option for pelvic organ prolapse. The increasing number of patients who suffer from pelvic floor disorders has placed great importance on non-surgical management for cost-containment. The efficacy of surgical correction has been questioned as well due to increased research of the pelvic floor. These factors have highlighted the importance of well-performed pessary fittings. The comfort and effectiveness of appropriate pessary fitting is correlated with vaginal length, commorbidities, prior vaginal reconstruction and adequate fitting…….. Maito et al. J Midwifery Womens Health 51 (2), 78-84. Mar-Apr 2006…..J Obstet Gynaecol Can 2013;35(7) (Systematic Review) Ostergard's Urogynecology and Pelvic Floor Dysfunction. Bent, Cundiff, Swift 2008..Chapter 13, pg 217.

SJ052 swab, procto 16 in
2 additional swabs are needed to assist with discharge evacuation and fluid management/containment (57150)

SB044 underpad 2ft x 3ft (chux)
Chux are utilized for fluid retainment with additional fluid management supplies of toomey syringe, sterile water, and specimen cup. (57150)

Chux is used for urine collection when patient is being tested in the standing position (57160)

SC062 syringe, Toomey
Used for fluid injection into the vagina. (57150)

SD029 Catheter, red rubber
Use for fluid direction with the syringe (57150)

SB027 gown, staff, impervious
SB034 mask, surgical, with face shield
SB039 shoe covers, surgical
Fluid safety equipment to include the impervious gown, shoe covers, and face shielding are listed. (57150)

SB022 gloves, non-sterile
Additional sets of non-sterile gloves are requested for both (57150 and 57160).
The physician and nurse would change gloves between the E&M and these procedures.

SJ032 lubricating jelly (K-Y) (5gm)
Additional lubricant is used for multiple pessary insertions and removals. (57160)

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:

N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
N/A

Service Period Clinical Activities:

Pre-Service (of Service Period):
Appropriate procedural expectations are established and consent signed.
Appropriate supplies are obtained for performing the procedure. Patient questions are answered.
Appropriate procedural documentation is created in the electronic health record

Intra-Service (of Service Period):
100% of the intra-service time is spent with the physician assisting with the procedure.

Post-Service (of Service Period):
Assistance with transfer to standing position and fall risk.
Cleaning of room and equipment.
Clean equipment.

Post-Service Period Clinical Activities:
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:*

57150: Nurse pours fluid into specimen container as needed and assists with fluid retainment and receipt of biohazard waste for disposal.

57160: Nurse assists with cleaning passing appropriate sized pessary as requested by physician and patient position changes. The nurse assists with patient coaching during the provocative maneuvers to stress the pelvic floor with pessary in place in the standing position.

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:

We are recommending the non-highly technical equipment formula (all service period) for our two equipment items:

- EF031 table, power
- EQ168 light, exam

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	H	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2	**REVISED**	***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***			**57150**		**57150**		**57160**		**57160**	
3		***RUC Collaboration Website***			Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Fitting and insertion of pessary or other intravaginal support device		Fitting and insertion of pessary or other intravaginal support device	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 15 Vaginal Treatments (57150 and 57160) Specialty: ACOG**	**Clinical Staff Type Code**	**Clinical Staff Type**								
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	**14**	**0**	**12**	**0**	**62**	**0**	**24**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**11**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**14**	**0**	**12**	**0**	**51**	**0**	**24**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
11		**PRE-SERVICE PERIOD**										
12		**Start: Following visit when decision for surgery or procedure made**										
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA								
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA					4			
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA								
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					7			
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA								
18	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA								
19	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA								
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA								
21			L037D	RN/LPN/MTA								
22			L037D	RN/LPN/MTA								
23			L037D	RN/LPN/MTA								
24		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
25		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
26		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
27		**End: When patient enters office/facility for surgery/procedure**										

	A	B	D	E	H	I	J	K	L	M	N	O
1	RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	REVISED	*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			57150		57150		57160		57160	
3		RUC Collaboration Website			Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Fitting and insertion of pessary or other intravaginal support device		Fitting and insertion of pessary or other intravaginal support device	
4	Clinical Activity Code	Meeting Date: April 2017 Tab: 15 Vaginal Treatments (57150 and 57160) Specialty: ACOG	Clinical Staff Type Code	Clinical Staff Type								
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	14	0	12	0	62	0	24	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	11	0	0	0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	14	0	12	0	51	0	24	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0	0	0
28		SERVICE PERIOD										
29		Start: When patient enters office/facility for surgery/procedure:										
30		Pre-Service (of service period)										
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					6			
32	CA010	Obtain vital signs	L037D	RN/LPN/MTA					5			
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA					5		2	
34	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA								
35	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	2		2		2		2	
36	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA								
37	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA								
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	2		2		2		2	
39	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
40			L037D	RN/LPN/MTA								
41			L037D	RN/LPN/MTA								
42			L037D	RN/LPN/MTA								
43		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
44		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
45		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
46		Intra-service (of service period)										
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA			5		15		15	
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA								
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA	7							
50	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA								
51			L037D	RN/LPN/MTA								
52			L037D	RN/LPN/MTA								
53			L037D	RN/LPN/MTA								
54		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
55		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
56		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								

	A	B	D	E	H	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2	**REVISED**	***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***			**57150**		**57150**		**57160**		**57160**	
3		***RUC Collaboration Website***			Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Fitting and insertion of pessary or other intravaginal support device		Fitting and insertion of pessary or other intravaginal support device	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 15 Vaginal Treatments (57150 and 57160) Specialty: ACOG**	**Clinical Staff Type Code**	**Clinical Staff Type**								
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	**14**	**0**	**12**	**0**	**62**	**0**	**24**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**11**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**14**	**0**	**12**	**0**	**51**	**0**	**24**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
57		**Post-Service (of service period)**										
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA								
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA					2			
60	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3		3		4		3	
61	CA025	Clean scope	L037D	RN/LPN/MTA								
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA								
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA					3			
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA					2			
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA					5			
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA								
67	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA								
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA								
69	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA								
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA								
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA								
72	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**		**n/a**	
73			L037D	RN/LPN/MTA								
74			L037D	RN/LPN/MTA								
75			L037D	RN/LPN/MTA								
76		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
77		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
78		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
79		**End: Patient leaves office**										

	A	B	D	E	H	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
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4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 15 Vaginal Treatments (57150 and 57160) Specialty: ACOG**	**Clinical Staff Type Code**	**Clinical Staff Type**								
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	**14**	**0**	**12**	**0**	**62**	**0**	**24**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**11**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**14**	**0**	**12**	**0**	**51**	**0**	**24**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
80		**POST-SERVICE PERIOD**										
81		**Start: Patient leaves office/facility**										
82	CA037	Conduct patient communications	L037D	RN/LPN/MTA								
83	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA								
97		**End: with last office visit before end of global period**										

	A	B	D	E	H	I	J	K	L	M	N	O
1	RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	REVISED	*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			57150		57150		57160		57160	
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4	Clinical Activity Code	Meeting Date: April 2017 Tab: 15 Vaginal Treatments (57150 and 57160) Specialty: ACOG	Clinical Staff Type Code	Clinical Staff Type								
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	14	0	12	0	62	0	24	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	11	0	0	0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	14	0	12	0	51	0	24	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0	0	0
98	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT								
99	SA048	pack, minimum multi-specialty visit	1.143	pack	1				1			
100	SA051	pack, pelvic exam	1.172	pack	1		1		1		1	
101	SJ052	swab, procto 16in	0.117	item			2					
102	SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item							2	
103	SB044	underpad 2ft x 3ft (Chux)	0.23	item			3				1	
104	SC062	syringe, Toomey	2.726	item			1					
105	SH074	water, sterile for irrigation (250-1000ml uou)	2.09	item	1		1					
106	SL035	cup, biopsy-specimen non-sterile 4oz	0.087	item	1		1					
107	SB027	gown, staff, impervious	1.186	item								
108	SB034	mask, surgical, with face shield	1.199	item								
109	SB039	shoe covers, surgical	0.338	pair								
110	SB022	gloves, non-sterile	0.084	pair			2				2	
111	SD029	catheter, red rubber	0.973	item								
112	SD129	tubing, irrigation (cysto)	5.077	item	1		1					
113	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item			1		1			
114		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
115	Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA								
116	EF023	table, exam	1338.17									
117	EQ170	light, fiberoptic headlight w-source	1992.92		14				62			
118	EF031	table, power	6153.63	Non-highly Technical Equipment Formula	14		12		62		24	
119	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula			12				24	
120												
121												
122												
123		*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

April 2017

Biopsy of Uterus Lining

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT code 58100 was identified on this list and 58110 was surveyed as part of the family.

58100 ***Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)***
The RUC reviewed the survey results from 94 obstetricians and gynecologists and determined that the survey 25th percentile work RVU of 1.21 accurately reflected the physician work necessary for this service. The pre-service time for scrub/dress/wait was eliminated and the RUC noted that the one minute needed to apply the topical anesthesia is appropriately performed during the intra-service period. This practice of including the topical anesthesia in the intra-service time period is different than most other services but is not unusual for gynecological procedures and is also standard practice in some otolaryngology services. The specialty society decreased the surveyed pre-service evaluation to account for any overlap with the associated E/M service and CPT code 58100. The RUC recommends following times: 7 minutes evaluation time, 3 minutes positioning time, 10 minutes intra-service time, and 5 minutes post-service time.

The RUC compared CPT code 58100 to the top two key reference service codes 57456 *Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage* (work RVU = 1.85) and 56821 *Colposcopy of the vulva; with biopsy(s)* (work RVU = 2.05) and noted that the survey code had less total time and inappropriately high intensity at the median value; therefore, the RUC recommends the 25th percentile value. **The RUC recommends a work RVU of 1.21 for CPT code 58100.**

58110 ***Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 91 obstetricians and gynecologists and determined that it was appropriate to maintain the current work RVU of 0.77 for add-on code 58110. The RUC reviewed the existing work RVU of 0.77 which is below the 25th percentile and agreed that this value appropriately accounts for the physician work involved. The RUC compared CPT code 58110 to key reference service CPT code 76802 (work RVU = 0.83 and 10 minutes intra-service time) and noted that both require similar physician work and time to complete. The RUC recommends maintaining the current value with the survey intra-service time of 12 minutes **The RUC recommends a work RVU of 0.77 for CPT code 58110.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense:
The RUC recommends the practice expenses without modification as submitted by the specialty society and approved by the PE Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	000	1.21
58110 **(f)**	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	ZZZ	0.77 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58100 Tracking Number Original Specialty Recommended RVU: **1.53**
Presented Recommended RVU: **1.53**
Global Period: 000 Current Work RVU: **1.53** RUC Recommended RVU: **1.21**

CPT Descriptor: Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old female presents for a scheduled endometrial and endocervical sampling. She was seen yesterday for evaluation of several recent episodes of unexplained vaginal bleeding. You review with her the purpose, risks and benefits of the procedure and perform the procedures.

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: Procedure and necessity of such is explained to the patient. Most recent laboratory and radiologic studies (such as pelvic ultrasound) are reviewed and discussed. Informed consent is obtained with discussion of potential complications taking special time to discuss uterine perforation. The patient is placed in the dorsal lithotomy position.

Description of Intra-Service Work: Bimanual examination is preformed to assess position of uterus. A speculum is placed into the vagina so that the cervix is clearly visible. Additional instruments may be needed to restrain the vaginal side-walls as needed. The cervix and surrounding vagina are cleaned with 3 betadine drenched cotton balls or swabs. The cervix is stabilized with a single tooth tenaculum, local anesthesia may or may not be applied prior. Disposable pipelle biopsy instrument, or similar biopsy instrument is gently placed into the cervical os. Upon meeting resistance, the biopsy instrument is passed through the cervical os into the endometrial cavity until the uterine fundus is encountered. Biopsy is preformed and specimen is removed. Specimen is placed into an appropriate holding vessel and labeled. Tenaculum is removed and hemostasis is obtained, speculum is removed from vagina.

Description of Post-Service Work: Patient is placed supine on the examining table and asked to remain in this position for a few minutes. After patient appears stable, she is asked to sit up and determine if she is light-headed or nauseated. Post procedural instructions are given, documentation is dictated or completed in the EHR. When available, pathology report is reviewed and analyzed, patient is notified and follow-up plan is determined.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	George Hill, MD, Jon Hathaway, MD, PhD, Mitch Schuster, MD, Barbara Goff, MD and Mark Shahin, MD				
Specialty(s):	Obstetrics/Gynecology Gynecology/Oncology				
CPT Code:	58100				
Sample Size:	3000	**Resp N:**	94	**Response:** 3.1 %	
Description of Sample:	Simple Random Sample from ACOG membership: 2000 US, MD/DO practicing members Random Sample of Applicable Subset from SGO membership: 1000 US, MD/DO practicing members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**20.00**	40.00	200.00
Survey RVW:	0.60	1.21	**1.73**	2.05	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	5.00	**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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	58100	**Recommended Physician Work RVU: 1.21**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**0.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
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:	**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
57456	000	1.85	**RUC Time**

CPT Descriptor Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
56821	000	2.05	**RUC Time**

CPT Descriptor Colposcopy of the vulva; with biopsy(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
52000	000	1.53	**RUC Time**	902,230

CPT Descriptor 1 Cystourethroscopy (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	230

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

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: 34 **% of respondents:** 36.1 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 58100	**Top Key Reference CPT Code:** 57456	**2nd Key Reference CPT Code:** **56821**
Median Pre-Service Time	10.00	15.00	15.00
Median Intra-Service Time	10.00	20.00	20.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**45.00**	**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	3%	12%	32%	38%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	12%	38%	50%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	15%	47%	38%
Urgency of medical decision making	3%	56%	41%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	35%	44%
Physical effort required	9%	47%	44%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	9%	32%	59%
Outcome depends on the skill and judgment of physician	9%	50%	41%
Estimated risk of malpractice suit with poor outcome	6%	44%	50%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	79%	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	0%	79%	21%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	79%	21%
Urgency of medical decision making	0%	93%	7%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	86%	7%
Physical effort required	7%	79%	14%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	86%	14%
Outcome depends on the skill and judgment of physician	0%	93%	7%
Estimated risk of malpractice suit with poor outcome	0%	86%	14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT Codes 58100 was identified in this screen.

Billed Together

CPT Code 58100 appears in the AMA "Medicare Same Day EM Billing Occurences - April 2017 Codes" file as being reported with an E&M service 59% of the time.

CPT Code 58100 does not appear on the AMA "Codes billed with for April 2017 RUC meeting" file as being reported with any other codes 50% of the time or greater.

Description of Work

Work done in the E&M:

Most commonly, these patients are seen for a chief complaint of dysfunctional bleeding. If we use our present vignette as a guideline, this patient would be seen for Post Menopausal bleeding. A specific complaint oriented history is preformed, paying special attention to abdominal complaints, gastrointestinal or urinary tract complaints and of course issues of the reproductive system. A review of symptoms is discussed, with appropriate review of any medications being used, especially the use of anti-coagulants.

Physical examination is performed with complete exam of the abdomen, reproductive system and rectum. Bimanual and digital rectal exam are preformed to determine normality or abnormality.

If the clinical examination is mostly benign, the physician will consider the need for endometrial biopsy and discuss the reasons for such with the patient.

Evaluation time for procedure:

Procedure and necessity of such is explained to the patient. Most recent laboratory and radiologic studies (such as pelvic ultrasound) are reviewed and discussed. Informed consent is obtained with discussion of potential complications taking special time to discuss uterine perforation.

Pre Time Package - Positioning

This procedure is typically done in the non-facility setting. As such, the specialty is recommending pre time package 5. However, the Society requests extra minutes of positioning time to put the patient in the dorsal lithotomy position. Although the standard time for dorsal lithotomy positioning is 5 minutes, the survey time was 3 minutes. Therefore, the Specialty recommends addition 3 minutes to the standard package 5.

Recommendations

The specialty received almost 100 completed RUC physician work surveys from practicing physicians, with experience performing the procedure. The consensus panel reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule:

CPT	**wRVU**	**TotalTime**	***Pre Eval***	***Pre Pos***	***Pre SDS***	***Intra Time***	***Post Time***
58100	1.53	26	*7*	*3*	*1*	*10*	*5*

	CPT	**wRVU**	**TotalTime**	***Pre Time***	***Intra Time***	***Post Time***
Survey	58100	1.53	26	*11*	*10*	*5*
MPC	52000	1.53	40	*20*	*10*	*10*
Ref Code	57456	1.85	45	*15*	*20*	*10*
MPC	54150	1.90	45	*25*	*15*	*5*
Ref Code	56821	2.05	45	*15*	*20*	*10*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. An E&M is often billed with this procedure.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58100

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 Obstetrics/Gynecology How often? Commonly

Specialty Gynecology/Oncology How often? Sometimes

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? 72,453 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 (2017 V1) was used as a reference.

Specialty Obstetrics/Gynecology Frequency 65208 Percentage 90.00 %

Specialty Gynecology/Oncology Frequency 2900 Percentage 4.00 %

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 58100

If this code is a new/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:58110 Tracking Number Original Specialty Recommended RVU: **0.77**
Presented Recommended RVU: **0.77**
Global Period: ZZZ Current Work RVU: **0.77** RUC Recommended RVU: **0.77**

CPT Descriptor: Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48 y/o female presents for evaluation of an abnormal cervical cytology result which shows "atypical glandular cells". An interval history and physical examination, including a pelvic exam is performed. Colposcopy of the cervix is performed, and the exocervix appeared normal. In order to evaluate the patient for a lesion in either the endocervix or endometrium, both an endocervical curettage and an endometrial biopsy were performed to determine the source of the atypical glandular cells in the lower genital tract.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Speculum is already in place as the colposcopy has just been completed. The cervix is prepped with 3 betadine soaked cotton balls or swabs. The anterior cervical lip is stabilized with a single tooth tenaculum with or without local anesthesia. An endometrial pipelle curette is placed into the cervical os and resistance is met, it is then passed up into the endometrial cavity until the fundus is reached. Endometrial biopsy is preformed and curette is removed. Specimen is placed into formalin. Tenaculum is removed and hemostasis is assured. Instruments are removed and patient is placed into the supine position.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	George Hill, MD, Jon Hathaway, MD, PhD, Mitch Schuster, MD, Barbara Goff, MD and Mark Shahin, MD		
Specialty(s):	Obstetrics/Gynecology Gynecology/Oncology		
CPT Code:	58110		
Sample Size:	3000	**Resp N:** 91	**Response:** 3.0 %
Description of Sample:	Simple Random Sample from ACOG membership: 2000 US, MD/DO practicing members Random Sample of Applicable Subset from SGO membership: 1000 US, MD/DO practicing members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	200.00
Survey RVW:	0.29	1.00	**1.50**	2.00	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:	0.00	7.00	**12.00**	15.00	42.00

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:	58110	**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? 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
58611	ZZZ	1.45	**RUC Time**

CPT Descriptor Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (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
96411	ZZZ	0.20	**RUC Time**	201,063

CPT Descriptor 1 Chemotherapy administration; intravenous, push technique, each additional substance/drug (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**	467,888

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: 30 **% of respondents:** 32.9 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 58110	**Top Key Reference CPT Code:** 58611	**2nd Key Reference CPT Code:** **76802**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	12.00	14.00	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	**12.00**	**14.00**	**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%	13%	40%	33%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	10%	37%	53%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3%	50%	47%

Urgency of medical decision making	17%	40%	43%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	37%	47%
Physical effort required	23%	37%	40%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	47%	43%	10%
Outcome depends on the skill and judgment of physician	20%	53%	27%
Estimated risk of malpractice suit with poor outcome	40%	37%	23%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	27%	36%	18%	18%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	55%	27%	18%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	27%	45%	27%
Urgency of medical decision making	9%	54%	36%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	18%	64%	18%
Physical effort required	18%	36%	45%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	18%	18%	64%
Outcome depends on the skill and judgment of physician	27%	45%	27%
Estimated risk of malpractice suit with poor outcome	55%	18%	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.

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT Codes 58100 was identified in this screen.
The work of CPT Code 58110 is the same as the work for CPT Code 58100 (with no pre/post work) so the Specialty agreed to survey 58110 along with the 58100.

In 2005 the CPT Editorial Panel created CPT Code 58110 upon request by CMS to the specialty society to provide more specificity to endometrial sampling. Code 58100 Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (work RVU = 1.53), was valued by the RUC as though it was performed in absence of a related procedure (separate procedure), and it was not appropriate to report 58100 with 57421 Colposcopy of the entire vagina, with cervix if present; with biopsy(s) (work RVU = 2.20), after the completion of a colposcopy procedure. CMS believed that an add-on code for the endometrial sampling would more appropriately reflect the value of this procedure.

CPT Code 58100 had been surveyed in 2001 and RUC reviewed. The specialty society did not survey then new code, but used an expert panel to develop their recommendation. The RUC reviewed the specialty society's panel recommendation in comparison to code 58100, which included a building block approach. The RUC agreed that the intensity for code 58110 is similar to 58100, and to the following building block approaches, that support the specialty recommended value of 0.77 work RVUs.

Building Block Approaches used to Support Recommended Work RVU
1) The intra-service work per unit of time of 0.097, from code 58100, multiplied by 10 minutes yields a work relative value of 0.97.
2) Beginning with the work relative value of 1.53, from code 58100, and subtracting out the pre-service work of 0.56 RVUs (25 minutes x .0224 IWPUT), yields a work relative value of 0.97.
3) Using 99213 as a proxy for the pre-service time on code 58100, involving 23 minutes of physician time, and subtracting this physician work (work RVU = 0.67) from code 58100 (work RVU=1.53), yields a work relative value of 0.86.

In addition, the RUC and the specialty used the standard payment rules whereas services are usually reimbursed at 50% when a -51 modifier is used to establish the RVU for code 58110. Therefore, 50% of the work RVU of 58100 (Work RVU = 1.53) is equal to 0.77. The RUC agreed with this rationale. The RUC recommends a relative work value of 0.77 for new code 58110.

The Specialty conducted a standard RUC survey for CPT Code 58110 and received nearly 100 responses from members. The median intra survey time was 12 minutes compared to the 9 minutes in the RUC database. *(Note: The existing RUC rationale says CPT Code 58110 should have 10 minutes but the RUC database has 9 minutes listed).*

The Society believes the RUC survey time of 12 minutes supports the prior RUC recommendation (building block methodology). In anticipation of the RUC asking why survey respondents thought the intra time was more for 58110 vs 58100 we looked at the MODE for both services. The most common response was 15 minutes of intra time for both. As such, we have no reason to believe the 12 minutes is suspect.

The Society is recommending maintaining the prior RUC value of 0.77 based on current 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: 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. In 2005 the CPT Editorial Panel created CPT Code 58110 upon request by CMS to the specialty society to provide more specificity to endometrial sampling. Code 58100 Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (work RVU = 1.53), was valued by the RUC as though it was performed in absence of a related procedure (separate procedure). CMS determined it was not appropriate to report 58100 with 57421 Colposcopy of the entire vagina, with cervix if present; with biopsy(s) (work RVU = 2.20), after the completion of a colposcopy procedure. CMS believed that an add-on code for the endometrial sampling would more appropriately reflect the value of this procedure.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58110

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 Obstetrics/Gynecology How often? Commonly

Specialty Gynecology/Oncology How often? Sometimes

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? 672
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 (2017 V1) was used as a reference.

Specialty Obstetrics/Gynecology Frequency 605 Percentage 90.02 %

Specialty Gynecology/Oncology Frequency 27 Percentage 4.01 %

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 58110

If this code is a new/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: Biopsy of Uterus Lining

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
1st REF	57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	34	0.065			1.85			45	15					20			10
2nd REF	56821	Colposcopy of the vulva; with biopsy(s)	14	0.075			2.05			45	15					20			10
CURRENT	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		0.097			1.53			35	20					10			5
SVY	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	94	0.120	0.60	1.21	1.73	2.05	8.00	35	15	3	2	1	5	10	15	30	5
REC				0.087			1.21			25	7	3	0			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	58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	30	0.107			1.45			13.5						14			
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)	11	0.083			0.83			10						10			

CPT Code: 58100 and 58110
Specialty Society: ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** April 2017
58100 *Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)*

Global Period: ZZZ
58110 *Endometrial sampling (biopsy) performed in conjunction with colposcopy (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:

We convened a consensus panel to develop our recommendations.

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:

Both CPT Codes 58100 and 58110 are existing codes with direct practice expense inputs. As such, we used the existing inputs to develop our recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

We are recommending 3 minutes for provide education/obtain consent for CPT Code 58100.
We are recommending 2 minutes for monitoring patient following procedure/service – no multitasking.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

58100 & 58110
Although the Specialty is recommending an overall decrease in clinical time (46 to 26) they are recommending 100% of the physician time for the 'intra-assist physician' time. The RUC physician RUC survey time increased from 9 to 12 minutes. The Specialty is recommending use of the 100% physician time formula instead of the 67% formula. The nurse is with the physician 100% of the time of the procedure. The nurse is assisting with needle management, supply management, specimen transfer to/from pipelle and specimen collection.

The Society is also recommending the addition of supply items for CPT Code 58100. Peer-reviewed medical literature supports the inclusion of a standard set of supplies that support current technique and knowledge/technology to perform the procedure. The practice expense committee last reviewed CPT Code 58100 in 1999.

SC051 syringe 10-12ml
SC029 needle, 18-27g
SH046 lidocaine 1% w-epi inj
Local anesthetic is used to assist with pain management of single-toothed tenaculum manipulation. Syringe, needle, and anesthetic are needed for this activity. (58100)

SJ043 povidone swabsticks
Povidone swabsticks are used for minimal sterilization of the cervix. (58100)

NEW-Uterine Sound
The uterine sound is used for cervical canal management and depth determination of the endometrial cavity. (58100)

NEW-Tenaculum
The tenaculum is used for cervical stabilization and straightening of the uterus. (58100)

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:

N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

N/A

Service Period Clinical Activities:

Pre-Service (of Service Period): (58100)
Complete pathology requisition.
Appropriate procedural expectations are established and consent signed. Patient questions are answered.
Appropriate supplies are gathered for performing the procedure.
Syringe is prepared for anesthetic application.
Appropriate procedural documentation is created in the electronic health record.

Intra-Service (of Service Period):
100% of the intra-service time is spent with the physician assisting with the procedure.

Post-Service (of Service Period): (58100)
Patient is monitored for vagal response.
Room and instruments are cleaned.
Needle management and disposal is completed.
Specimen container is handled and specimen management is completed with collation to pathology requisition.
Collate requisition and specimen for pathology

Review Path Reports

Post-Service Period Clinical Activities:

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:*

58100 & 58110
Supplies are cleanly passed to the physician.
Needle management is performed.
Specimen container is handled and specimen management is initiated.

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 disposable uterine sounds and tenaculums:

- Medline sells tenaculums for $188.73 for 50. We have noted $3.77 each on the invoice and spreadsheet.
- Medline sells the uterine sounds for $79.37 for 25. We have noted $3.17 each on the invoice and the spreadsheet.

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:

We are recommending the non-highly technical equipment formula (all service period) for our three equipment items:

- EF031 table, power
- EQ168 light, exam

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	H	I	J	K	L	M	N	O
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4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 16 Endometrial Sampling (biopsy) Specialty: ACOG**	**Clinical Staff Type Code**	**Clinical Staff Type**								
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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**46**	**15**	**26**	**0**	**6**	**0**	**12**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**4**	**15**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**42**	**0**	**26**	**0**	**6**	**0**	**12**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
11		**PRE-SERVICE PERIOD**										
12		**Start: Following visit when decision for surgery or procedure made**										
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA								
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	4	4						
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		4						
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7						
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA								
18	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA								
19	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA								
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA								
21			L037D	RN/LPN/MTA								
22			L037D	RN/LPN/MTA								
23			L037D	RN/LPN/MTA								
24		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
25		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
26		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
27		**End: When patient enters office/facility for surgery/procedure**										

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9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**42**	**0**	**26**	**0**	**6**	**0**	**12**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
28		**SERVICE PERIOD**										
29		**Start: When patient enters office/facility for surgery/procedure:**										
30		**Pre-Service (of service period)**										
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	5							
32	CA010	Obtain vital signs	L037D	RN/LPN/MTA	3							
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	5		3					
34	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA								
35	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	3		2					
36	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA								
37	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA								
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	2		2					
39	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
40			L037D	RN/LPN/MTA								
41			L037D	RN/LPN/MTA								
42			L037D	RN/LPN/MTA								
43		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
44		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
45		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
46		**Intra-service (of service period)**										
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA			10				12	
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA					6			
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA	8							
50	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA								
51			L037D	RN/LPN/MTA								
52			L037D	RN/LPN/MTA								
53			L037D	RN/LPN/MTA								
54		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								

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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**4**	**15**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**42**	**0**	**26**	**0**	**6**	**0**	**12**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
55		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
56		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								

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9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**42**	**0**	**26**	**0**	**6**	**0**	**12**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
57		**Post-Service (of service period)**										
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA								
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	2		2					
60	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	4		3					
61	CA025	Clean scope	L037D	RN/LPN/MTA								
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA								
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	3		2					
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	2		2					
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	5							
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA								
67	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA								
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA								
69	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA								
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA								
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA								
72	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**		**n/a**	
73			L037D	RN/LPN/MTA								
74			L037D	RN/LPN/MTA								
75			L037D	RN/LPN/MTA								
76		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
77		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								
78		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA								

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6		**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**4**	**15**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**42**	**0**	**26**	**0**	**6**	**0**	**12**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
79		**End: Patient leaves office**										

	A	B	D	E	H	I	J	K	L	M	N	O
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10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
80		**POST-SERVICE PERIOD**										
81		**Start: Patient leaves office/facility**										
82	CA037	Conduct patient communications	L037D	RN/LPN/MTA								
83	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA								

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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**4**	**15**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**42**	**0**	**26**	**0**	**6**	**0**	**12**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**								
99	SA048	pack, minimum multi-specialty visit	1.143	pack	1							
100	SA051	pack, pelvic exam	1.172	pack	1		1					
101	SB024	gloves, sterile	0.84	pair	1		1					
102	SD039	curette, suction, endometrial (Pipelle)	4.121	item	1		1		1		1	
103	SC051	syringe 10-12ml	0.184	item			1					
104	SC029	needle, 18-27g	0.089	item			1					
105	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.064	ml			1					
106	SJ043	povidone swabsticks (3 pack uou)	0.409	item			1					
107	NEW	Uterine Sound	3.17	item			1					
108	NEW	Tenaculum	3.77	item			1					
109	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item	1							
110		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
111	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**								
112	EF023	table, exam	1338.17									
113	EQ170	light, fiberoptic headlight w-source	1992.92		42				6			
114	EF031	table, power	6153.63	Non-highly Technical Equipment Formula	42		26		6		12	
115	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula			26				12	
116												
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

April 2017

Injection - Greater Occipital Nerve

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT code 64405 was identified on this list.

The RUC reviewed the survey results from 175 physicians from four different specialties and determined that it was appropriate to maintain the current work RVU of 0.94, which also represents the survey 25th percentile. The specialty societies recommended pre-time package 5, but reduced the package evaluation time by one minute to account for overlap because this service is typically reported with an E/M on the same day. The post-service time was reduced by 5 minutes in accordance with the survey results. The RUC carefully examined potential overlap with E/M services included in CPT 64405 and further reduced the pre-service evaluation time by 1 minute to 5 minutes. In addition, the RUC reduced the positioning time by 2 minutes and removed the 3 minutes of pre-service time for scrub/dress/wait because local anesthetic is not typical prior to this procedure but is included in the injection itself. The RUC recommends 5 minutes evaluation time, 1 minute positioning time, 5 minutes of intra-service time, and 5 minutes of immediate post-service time.

The RUC compared the survey code to the top two key reference services 20526 *Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel* (work RVU = 0.94) and 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66) and noted that the current work RVU of the survey code is appropriately equal to carpal tunnel and higher than the other injections. The 2nd key reference code 20526 represents identical overall work and total time. For additional support, the RUC compared the survey code to several multi-specialty point of comparison CPT codes: 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU = 0.71), 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* (work RVU = 0.84), 51720 *Bladder instillation of anticarcinogenic agent (including retention time)* (work RVU = 0.87) and 20527 *Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)* (work RVU = 1.00), and agreed that the survey 25th percentile of 0.94 places survey code 64405 in proper rank order. The RUC determined that the key reference services and comparable MPC codes support maintaining the current value for the survey code.

The RUC further agreed with the consensus of the specialty societies that the physician work for this service has not fundamentally changed since it was last reviewed in 2010 as part of the 4th Five-Year Review and recommends that the work RVU be maintained at the 25th percentile in accordance with the most recent survey. **The RUC recommends a work RVU of 0.94 for CPT code 64405.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense

The Practice Expense Subcommittee eliminated any clinical staff time and supplies that overlap with an evaluation and management service as the code is reported with an E/M more than 50% of the time. Additionally the RUC removed the exam light (EQ168) as it would not typically be used for this service and would not be in a standard room used for evaluation and management. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
64405	Injection, anesthetic agent; greater occipital nerve	000	0.94 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64405 Tracking Number Original Specialty Recommended RVU: **0.94**
Presented Recommended RVU: **0.94**
Global Period: 000 Current Work RVU: **0.94** RUC Recommended RVU: **0.94**

CPT Descriptor: Injection, anesthetic agent; greater occipital nerve

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with frequent headaches and a normal neurologic examination has tenderness over the left occipital notch, where palpation triggers the pain. For both diagnostic and therapeutic purposes, an injection of local anesthetic and anti-inflammatory is recommended.

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 the patient's history to ensure she is suitable for the procedure (eg, not on anticoagulants and no history of allergic reaction to agents being used). Discuss the procedure with the patient, including alternatives and risks. Obtain informed consent. Palpate the upper cervical region near the lower extent of the skull dorsal to the mastoid process along the course of the greater occipital nerve and mark the proposed needle entry site. Examine the area of the scalp closely for infection. Clean the skin overlying the proposed injection site and prepare for injection. Prepare a syringe with a mix of a local anesthetic agent and an anti-inflammatory drug. Don gloves. Perform a pre-procedural time out.

Description of Intra-Service Work: Palpate the upper cervical region along the course of the greater occipital nerve. Penetrate the skin with the needle and inject the contents of the syringe along the course of the nerve following negative aspiration. Because of the significant vascularity of the scalp, make the injection with repeated, intermittent aspirations as the needle is repositioned along the course of the nerve.

Description of Post-Service Work: Apply pressure to the injection site to stop any bleeding after the injection, clean the injection area, and apply a bandage as necessary. Wait for the local anesthetic to work, inquiring if the patient has numbness in the distribution of the occipital nerve and if she has relief of her pain. Monitor the patient for any potential complications from the injection, including syncopal episode, intravascular injection, or evidence of distal particulate steroid injection. Discuss follow-up recommendations with the patient. Complete all appropriate medical records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Kevin Kerber, MD; J. Mark Bailey, DO, PhD; Richard Rosenquist, MD; Neal Cohen, MD, MPH; Marc Leib, MD, JD; Matthew Grierson, MD; Gregory Polston, M.D		
Specialty(s):	American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Physical Medicine & Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA)		
CPT Code:	64405		
Sample Size:	3856	**Resp N:** 175	**Response:** 4.5 %
Description of Sample:	AAN: A sample of members from the Headach and Pain sections (current US members.) AAPM, AAPM&R, ASA: A sample of current US active members from each specialty society.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**25.00**	50.00	500.00
Survey RVW:	0.50	0.94	**1.00**	1.29	14.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64405	**Recommended Physician Work RVU: 0.94**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
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)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20552	000	0.66	**RUC Time**

CPT Descriptor Injection(s); single or multiple trigger point(s), 1 or 2 muscle(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
12001	000	0.84	**RUC Time**	188,177

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67820	000	0.71	**RUC Time**	247,521

CPT Descriptor 2 Correction of trichiasis; epilation, by forceps only

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: 92 **% of respondents:** 52.5 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 10.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 64405	**Top Key Reference CPT Code:** 20526	**2nd Key Reference CPT Code:** **20552**
Median Pre-Service Time	6.00	6.00	11.00
Median Intra-Service Time	5.00	5.00	5.00
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	**16.00**	**16.00**	**21.00**
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%	48%	43%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	1%	34%	65%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	26%	64%
Urgency of medical decision making	7%	63%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	62%	31%
Physical effort required	1%	76%	23%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	17%	25%	58%
Outcome depends on the skill and judgment of physician	9%	43%	48%
Estimated risk of malpractice suit with poor outcome	27%	32%	41%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	42%	47%	5%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	16%	32%	53%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	11%	53%	37%
Urgency of medical decision making	21%	63%	16%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	26%	68%
Physical effort required	5%	74%	21%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	11%	47%	42%
Outcome depends on the skill and judgment of physician	5%	37%	58%
Estimated risk of malpractice suit with poor outcome	16%	53%	32%

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 American Society of Anesthesiologists (ASA), the American Academy of Pain Management (AAPM), the American Association of Physical Medicine & Rehabilitation (AAPM&R), and the American Academy of Neurology (AAN), conducted joint surveys of their memberships in March 2017 for CPT code 66405. A joint ASA, AAPM, AAPM&R and AAN expert panel ("joint panel") consisting of physician advisors reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions.

There were 175 responses (82 from ASA, 16 from AAPM, 27 from AAPM&R, 50 from AAN) to the survey request with a median performance rate of 25; 97% of the survey respondents found the vignette to be typical. The RUC summary contains a breakout of ASA, AAPM, AAPM&R, and AAN respondents. The number of responses meet RUC criteria and the vast majority of respondents perform this service.

Code 64405 was identified by CMS in the 2017 final rule on a list of 000-day global services reported with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician. 2015 data reflect that 64405 is billed with an office E/M 50% of the time. It was last reviewed in 2010 and currently has times of 7/5/10/22 and an RVU of 0.94.

First, the joint panel reviewed the survey data. The survey median and 25th percentile RVU were 1.00 and 0.94 respectively. The total survey time for this service of 22 minutes (12/5/5) which is identical to the current time. The panel agreed this was appropriate because the service has not changed since the last survey. Based on the preservice times, the panel selected preservice time package 5.

Next, the panel reviewed the key reference service 20526, Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel, which was chosen by more than half the respondents. It has times of 6/5/5/16 and an RVU of 0.94. This RVU is identical to the 25th percentile of the survey.

The panel also reviewed several comparator codes (noted in the table below) and agree that the survey 25 fifth percentile of 0.94 places 64405 in proper rank order to all the codes reviewed. Most importantly, 64405 is most similar to 20526 and 20527 in intensity and has longer total time than both.

CPT Code	Description	RVU	Pre-service time	Intra-service time	Post-service time	Total time	RUC review
20522	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	11	5	5	21	2016
67820	Correction of trichiasis; epilation, by forceps only	0.71	8	5	2	15	2005
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	0.84	7	10	5	22	2010
51720	Bladder instillation of anticarcinogenic agent (including retention time)	0.87	9	5	5	19	2016
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	0.94	6	5	5	16	2002
64405	**Injection, anesthetic agent; greater occipital nerve**	**0.94**	**12**	**5**	**5**	**22**	**2010**

20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	1.00	8	5	5	18	2011

The joint panel note that 64405 is a more intense procedure than both 12001 and 67802 and has an identical total time to 12001 and is longer than 67820. Furthermore, the intensity / complexity measure responses from the survey further support the expert panel's recommendation of the survey 25th percentile because they are higher than both of the key reference services.

In summary, the main reference service and a review of other services with similar times and intensities, supports the survey 25th percentile RVU of 0.94. This is appropriate because the service has not changed since the last survey. This survey also provides strong validation for the 2010 survey. The joint panel reviewed the survey data by specialty and agreed it was remarkably consistent for both median time and median RVU across all specialties further supporting recommending the 25th percentile, thereby maintaining the current RVU.

Recommendations
In summary, we recommend the 25th percentile RVU of 0.94 and a preservice time of 12 minutes, an intra-service time of 5 minutes and a post-service time of 5 minutes for 64405.

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) According to the 2015 Medicare same day billing occurrances claims data, 64405 is reported with an office E/M code 50% 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) 64405

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 Neurology How often? Commonly

Specialty Pain Management / Interventional PM How often? Commonly

Specialty Anesthesiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 439188

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticiate 4 times the annual Medicare utilization; based on 2015 utilization data.

Specialty Neurology Frequency 166892 Percentage 38.00 %

Specialty Pain Management / Interventional PM Frequency 101014 Percentage 23.00 %

Specialty Anesthesiology Frequency 65880 Percentage 15.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 109,797 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 utilization data from the RUC database.

Specialty Neurology Frequency 41723 Percentage 38.00 %

Specialty Pain Management / Interventional PM Frequency 25254 Percentage 23.00 %

Specialty Anesthesiology Frequency 16470 Percentage 15.00 %

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:
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 64405

If this code is a new/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: Greater Occipital Nerve Block

TAB: 17

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	20526	Injection, therapeutic (eg, local anesthetic, corticosteroid),	92	0.139			0.94			16	6					5			5
2nd REF	20552	Injection(s); single or multiple trigger point(s), 1 or 2	19	0.075			0.66			21	5	1	5			5			5
CURRENT	64405	Injection, anesthetic agent; greater occipital nerve		0.112			0.94			22	7					5			10
SVY Total	64405	Injection, anesthetic agent; greater occipital nerve	175	0.132	0.50	0.94	1.00	1.29	14.00	22	6	3	3	0	4	5	10	30	5
REC	64405	Injection, anesthetic agent; greater occipital nerve		0.139			0.94			16	5	1				5			5

CPT Code:__64405_____
Specialty Society _AAN, AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection, anesthetic agent; greater occipital nerve

Global Period:__000___ 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 joint societies convened a panel of experts, including advisors who are familiar with the service. The panel of experts reviewed and collaborated via email and phone call to review existing direct practice expense inputs for code 64405 and the key reference code, 20526. Based on this review and its expertise, the panel made modifications as necessary. The panel of experts is recommending a reduced total clinical staff time stemming in large part from the fact that we have reduced the preservice clinical staff time to zero from the current input of 8 minutes. The intraservice time has also been reduced from 36 minutes to 27 minutes. The panel also eliminated a number of the supplies currently attributed to this servce as they were felt to not be necessary.

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 expert panel agreed that using the key reference service, 20526, as a reference code for comparison would provide a helpful reference point for practice expense review. The refence code describes a very similar procedure with identical intraservice clinical staff time.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: The expert panel is recommending 5 minutes for CA018 assist physician or other qualified healthcare professional – directly related to physician work time (100% of physician intra-service time). The clinical staff assists the physician or qualified health care professional during the entirety of the injection in order to ensure the patient remains in the proper position and that the physician or qualified health care professional has access to necessary supplies. The expert panel is recommending 3 minutes for CA023 monitor patient following procedure/service, no multitasking. The patient must be closely monitored in the minutes immediately following the procedure to ensure the patient is not experiencing any abnormal responses to the injection.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: The expert panel is recommending an increase in the number of needles from 1 to 2. One needle of a larger gauge is needed to draw up medication. A second, smaller gauge needle is used for comfort to perform the injection. The expert panel recommends adding an exam light, EQ168 for the procedure. The injection site for this procedure is often obstructed by hair. A light ensures that the site is visable so the physician can appropriately place the needle for the injection.

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: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: (0 minutes)

There are no clinical activities performed by staff during the pre-service period.

Service Period Clinical Activities: (27 total minutes)

Pre-Service (of Service Period): (13 minutes) Clinical staff greets the patient and provides the patient with gowning. The appropriate medical records in reference to the planned injection are reviewed. Pre-service education is provided Clinical staff reviews the patient's understanding of the risks and benefits of the procedure, then obtains and documents patient consent. The patient's vital signs are taken, including temperature, blood pressure and pulse to ensure that the patient is in appropriate condition to receive the injection. The room is prepared and the appropriate injection equipment (sterile trays, needles and medications) is obtained.

Intra-Service (of Service Period): (5 minutes) The clinical staff is present for the entire procedure, assisting the physician by providing sterile supplies as appropriate. Clinical staff also provides reassurance and distraction to the patient as necessary.

Post-Service (of Service Period): (9 minutes) After the procedure, clinical staff observes the patient to verify that they are comfortable and the injection site is checked a few minutes following the injection to monitor the patient for an allergic reaction or vasovagal event. Following completion of the procedure by the physician, the room is cleaned and the instructions given by the physician are reviewed again with the patient. The patient is escorted out of the office. Relevant forms are completed and replacement supplies are ordered.

Post-Service Period Clinical Activities: (3 minutes) Although this code is a zero-day global service, an average of one phone call is received specific to the injection. The clinical staff answers this call and addresses questions.

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 clinical staff helps to ensure that the patient's positioning remains consistent. The clinical staff also makes certain that all necessary supplies, including injectate and gauze are readily available to the physician or other qualified healthcare professional to ensure that the service can be provided without interruption.

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:

Rows 24, 54 and 94 of the PE spreadsheet reflect the current RUC database PE time for code 64405. This PE does not coincide with a RUC review, therefore detailed information about minutes attributed to specific tasks was not available. Please note that line 54 reflects the current PE minutes for the entire service period including pre, intra and post service (of service period).

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	I	J	K
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the***			**CPT Code # 20526**		**CPT Code # 64405**		**CPT Code # 64405**	
3		***RUC Collaboration Website***			Injection, therapeutic (eg local anesthetic, corticosteroid), carpal tunnel		Injection, anesthetic agent; greater occiptal nerve		Injection, anesthetic agent; greater occipital nerve	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 17 Specialty: AAN, AAPM, AAPM&R, ASA**	**Clinical Staff Type Code**	**Clinical Staff Type**						
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**								
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**29.0**	**0.0**	**47.0**	**17.0**	**18.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**8.0**	**14.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**26.0**	**0.0**	**36.0**	**0.0**	**18.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**3.0**	**0.0**	**3.0**	**3.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA				3		
14	CA002	Coordinate pre-surgery services (including test	L037D	RN/LPN/MTA						
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA				3		
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			5	5		
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA			3	3		
18	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA						
19	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA						
20	CA008	Perform regulatory mandated quality assurance	L037D	RN/LPN/MTA						
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, ensure appropriate	L037D	RN/LPN/MTA	2		3			
31	CA010	Obtain vital signs	L037D	RN/LPN/MTA			3			
32	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	3				3	
33	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA						
34	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	5		3		2	
35	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA						
36	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA						
37	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	2		2		2	
38	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
45		**Intra-service (of service period)**								
46	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	5		6		5	
47	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA						
48	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA						
49	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA						
55		**Post-Service (of service period)**								
56	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	3		15			
57	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA					3	
58	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3		3			
59	CA025	Clean scope	L037D	RN/LPN/MTA						
60	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA						
61	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA						
62	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA						
63	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA			1		1	
64	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA						
65	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA						
66	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA						
67	CA033	Perform regulatory mandated quality assurance	L037D	RN/LPN/MTA						
68	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA						
69	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	3				2	
70	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**	
77		**End: Patient leaves office**								
78		**POST-SERVICE PERIOD**								
79		**Start: Patient leaves office/facility**								
80	CA037	Conduct patient communications	L037D	RN/LPN/MTA	3		3	3		
81	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA						
82		***Office visits: List Number and Level of Office Visits***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
83		99211 16 minutes	16							
84		99212 27 minutes	27							
85		99213 36 minutes	36							
86		99214 53 minutes	53							
87		99215 63 minutes	63							
88	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
95		**End: with last office visit before end of global**								
96	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
97	SA048	pack, minimum multi-specialty visit	1.143	pack			1			
98	SB011	drape, sterile, fenestrated 16in x 29in	0.557	item	1		1			
99	SB024	gloves, sterile	0.84	pair	1		2		1	
100	SB028	gown, surgical, sterile	4.671	item			1			
101	SB044	underpad 2ft x 3ft (Chux)	0.23	item			2			
102	SG055	gauze, sterile 4in x 4in	0.159	item	1		2		1	
103	SC029	needle, 18-27g	0.089	item	2		1		2	
104	SC055	syringe 3ml	0.096	item			1			
105	SC057	syringe 5-6ml	0.15	item			1			
106	SC051	syringe 10-12ml	0.184	item	1		1		1	
107	SG009	applicator, sponge-tipped	0.139	item			1		1	
108	SH021	bupivacaine 0.25% inj (Marcaine)	0.254	ml			5		5	
109	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	2		2			
110	SJ041	povidone soln (Betadine)	0.008	ml	10		10		10	
111		*Other supply item: please include the name of the*								
112	**Equipment**	**EQUIPMENT**	**PRICE**	**EQUIPMENT**						
113	EF023	table, exam	1338.17	Non-highly			36		18	
114	EQ168	light, exam	1630.12	Non-highly					0	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Injection – Digital Nerves

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. CPT code 64455 was identified on this list.

64455 ***Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)***
The RUC reviewed the survey results from 205 orthopaedic surgeons, foot and ankle surgeons and podiatrists and determined that the current value of 0.75, which was also the survey 25th percentile and median, appropriately accounts for the work required to perform this service. The specialty societies recommended pre-time package 6, but reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with an E/M reported on the same day. The RUC carefully examined potential overlap with E/M services included in CPT code 64455 and recommends 5 minutes evaluation time, 1 minute positioning time, 5 minutes scrub/dress/wait time, 5 minutes of intra-service time and 5 minutes of post-service time. The five minutes of evaluation time includes time to obtain consent after discussion of possible complications and preparing for the procedure which includes confirming availability of necessary supplies and instruments and preparation of syringes; one with local anesthetic and one with mixed anesthetic and steroid. The one minute for positioning includes both positioning the patient for the injection and confirming the injection site. The five minutes for scrub/dress/wait time accounts for prepping the injection site, injecting the local anesthetic and waiting for anesthetic effect.

The RUC compared CPT code 64455 to the top two key reference services 64450 *Injection, anesthetic agent; other peripheral nerve or branch* (work RVU = 0.75) and 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU = 0.75) and agreed that all three injections would require the same physician work and time justifying maintaining the current value. For additional support the RUC referenced MPC codes 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU = 0.71) and 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* (work RVU = 0.84). **The RUC recommends a work RVU of 0.75 for CPT code 64455.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1

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paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense

The Practice Expense Subcommittee reduced the time to *Prepare room, equipment and supplies* (CA013) from 3 minutes to the standard of 2 minutes. The PE Subcommittee discussed the potential for overlap with the evaluation and management service with the time for preparing the room, supplies and equipment. It was determined that this time addresses the preparation of the supplies related directly to the injection itself including logging injectables (eg, name, lot, expiration date) into the medical record and does not overlap with preparing the room for an E/M visit. CMS staff questioned whether the patients present with pain only and tried to discern any overlap with E/M. The specialties explained that it is typical to first examine the patient to determine where the pain is coming from and to determine if an injection or another procedure is medically necessary. Often times, the initial treatment is conservative medical management. In addition, the PE Subcommittee discussed the potential for overlap with E/M with the time for clean room/equipment. It was determined that the cleaning time for this code addresses the cleaning of supplies related directly to the injection itself, including sharps disposal and logging injectables back into storage, and was appropriate. Additionally the RUC removed the *exam light* (EQ168) as it would not typically be used for this service and would not be in a standard room used for evaluation and management. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	000	0.75 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64455 Tracking Number n/a Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 Current Work RVU: **0.75** RUC Recommended RVU: **0.75**

CPT Descriptor: Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old female presents with a painful neuroma in the third intermetatarsal space of her right foot. The decision is made to proceed with a therapeutic intermetatarsal neuroma 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%

Description of Pre-Service Work: The procedure is explained to the patient and family, possible complications are discussed, and consent is obtained. Availability of necessary supplies and instruments is verified. Gloves are donned. Syringes are prepared, one with local anesthetic and one with mixed anesthetic and steroid. The patient and extremity are positioned and the injection site is confirmed. The injection site is prepped and local anesthetic is infiltrated.

Description of Intra-Service Work: Palpate the intermetatarsal space and identify the point of maximal tenderness. Utilize a dorsal approach and insert the needle top to bottom without penetrating the plantar skin. Deposit a portion of the injectable solution. Redirect the needle distally and medially without exiting the dorsal site and deposit a portion of the injectable solution. Again redirect the needle distally and laterally without exiting the dorsal site and deposit the final portion of the injectable solution.

Description of Post-Service Work: Cleanse the injection area and apply a bandage. Monitor the patient for any potential complications from the injection. Instruct patient and/or caregiver on appropriate activities and home care, including bathing restrictions. Advise the patient regarding signs related to increased pain at the injection site, which may occur within 24 to 48 hours, and the appropriate treatment if pain occurs. Document the procedure in the patient's medical record and send a copy to the primary care physician and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Brooke Bisbee, DPM; Lloyd Smith, DPM; William Creevy, MD; John Heiner, MD; Peter Mangone, MD				
Specialty(s):	APMA, AAOS, AOFAS				
CPT Code:	64455				
Sample Size:	2132	**Resp N:**	205	**Response:** 9.6 %	
Description of Sample:	Random selection from each society membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**30.00**	60.00	500.00
Survey RVW:	0.50	0.75	**0.75**	0.85	1.70
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	3.00	**5.00**	5.00	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 **0.00** 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:	64455	**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**	**17.00**	**-12.00**
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:		**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)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**		**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
64450	000	0.75	**RUC Time**

CPT Descriptor Injection, anesthetic agent; other peripheral nerve or branch

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20550	000	0.75	**RUC Time**

CPT Descriptor Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
67820	000	0.71	**RUC Time**	247,521

CPT Descriptor 1 Correction of trichiasis; epilation, by forceps only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	188,177

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
		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: 118 **% of respondents:** 57.5 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 12.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 64455	Top Key Reference CPT Code: 64450	2nd Key Reference CPT Code: **20550**
Median Pre-Service Time	11.00	11.00	11.00
Median Intra-Service Time	5.00	5.00	5.00
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	**21.00**	**21.00**	**21.00**
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%	62%	33%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	14%	58%	28%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	72%	21%
Urgency of medical decision making	3%	90%	7%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	66%	27%
Physical effort required	3%	85%	12%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	5%	71%	24%
Outcome depends on the skill and judgment of physician	2%	69%	29%
Estimated risk of malpractice suit with poor outcome	6%	73%	21%

2nd 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	0%	65%	35%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4%	65%	31%
Urgency of medical decision making	4%	88%	8%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	69%	27%
Physical effort required	4%	92%	4%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	12%	42%	46%
Outcome depends on the skill and judgment of physician	4%	54%	42%
Estimated risk of malpractice suit with poor outcome	0%	81%	19%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M service 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. Code 64455 was identified on this list.

Survey Sample and Process

The survey request was sent to a random selection from the membership database for all participating societies. The American Academy of Orthopaedic Surgeons (AAOS), American Podiatric Medical Association (APMA), and American Orthopaedic Foot and Ankle Society (AOFAS) conducted a standard RUC survey and received 205 responses.

Pre-time Package 6

We recommend pre-time package 6, but have reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with an E/M service that is reported more than 50% of time. The recommended total pre-time of 11 minutes is consistent with the pre-time for key reference codes 64450 and 20550.

Key Reference Codes

The value for 64455 ranks appropriately relative to the key reference services. All three codes represent the same physician work.

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
67820	Correction of trichiasis; epilation, by forceps only	**0.71**	0.100	**15**	8	**5**	2
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	**0.75**	0.093	**21**	11	**5**	5
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	**0.84**	0.059	**22**	7	**10***	5

*When 12001 was reviewed in 2010, the intra-time included inject local anesthetic and wait for affect, which should have been included in the pre-time category.

Other Comparison Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	**0.66**	0.075	**21**	11	**5**	5
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	**0.68**	0.079	**21**	11	**5**	5
20612	Aspiration and/or injection of ganglion cyst(s) any location	**0.70**	0.073	**20**	10	**5**	5
65205	Removal of foreign body, external eye; conjunctival superficial	**0.71**	0.097	**15**	5	**5**	5
67820	Correction of trichiasis; epilation, by forceps only	**0.71**	0.100	**15**	8	**5**	2

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
64450	Injection, anesthetic agent; other peripheral nerve or branch	**0.75**	0.083	**20**	10	**5**	5
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	**0.75**	0.083	**21**	11	**5**	5
20551*	Injection(s); single tendon origin/insertion	**0.75**	0.083	**21**	11	**5**	5
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	**0.75**	0.083	**21**	11	**5**	5
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	**0.79**	0.101	**21**	11	**5**	5
64405	Injection, anesthetic agent; greater occipital nerve	**0.94**	0.112	**22**	7	**5**	10
67515	Injection of medication or other substance into Tenon's capsule	**1.40**	0.208	**21**	11	**5**	5
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	**1.44**	0.226	**22**	12	**5**	5
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	**1.44**	0.213	**25**	15	**5**	5

*Current recommendation for April 2017. See Tab 10.

Recommendation - 64455

We recommend maintaining the work RVU of 0.75 for 64455. This value is also the survey median and 25th percentile. The work to perform this procedure has not changed since this code was last reviewed (2008) and the survey data support this. This value maintains the RUC, specialty, and CMS accepted intensity/complexity rank order and relativity for code 64455 with many other injection codes and procedures requiring 5 minutes of intra-service time. This survey provides supporting evidence for the accuracy of the current relative work value for 64455.

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) Code 64455 may be reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64455

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopaedic surgery How often? Commonly

Specialty Podiatry 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. national frequency is not avaialable

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?
65,979 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty podiatry Frequency 61250 Percentage 92.83 %

Specialty orthopaedic surgery Frequency 2400 Percentage 3.63 %

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:
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 64455

If this code is a new/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: Injection – Digital Nerves

TAB: 18

						RVW					Total	PRE			INTRA					POS	SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF 1	64450	Injection, anesthetic agent; other perip	118	0.083			0.75			20	10					5			5					
REF 2	20550	Injection(s); single tendon sheath, or l	26	0.093			0.75			21	5	1	5			5			5					
current	64455	Injection(s), anesthetic agent and/or s		0.083			0.75			20	10					5			5					
SVY	64455	Injection(s), anesthetic agent and/or s	205	0.057	0.50	0.75	0.75	0.85	1.70	29	12	2	5	1	3	5	5	15	5	0	15	30	60	500
REC	64455			0.093			0.75			21	5	1	5			5			5					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)

Global Period 000 Meeting Date: April 2017

*****N/A – no Facility Direct PE Inputs recommended*****

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:

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:

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

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:

Service Period Clinical Activities:

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

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:*

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:

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:

REVISED 4-26-17

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)

Global Period 000 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 society Advisors reviewed the current PE details and the PE details for the recently reviewed code 20550 to develop a recommendation for code 64455.

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 code and Key Ref code 20550 were used as references.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

CA011 (provide education/obtain consent): Clinical staff will answer patient questions about the procedure and confirm that consent has been obtained and documented. This is consistent with the time approved by the PE Subcommittee and CMS for code 20550.

CA023 (monitor patient following procedure): Clinical staff will monitor the patient after the injection for any reaction to the medication or to having the injection.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

SJ053 (swab-pad, alcohol): Item added - One pad to wipe the rubber septum of the anesthetic and one to wipe the rubber septum of the steroid. CDC guidelines for injectable medication preparation indicates that sterile technique includes disinfecting the rubber septum of a vial with alcohol prior to piercing it. Once an alcohol pad has been opened, handled, and used to clean contaminants from a vial septum, the pad is considered contaminated after used and is to be discarded.

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: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: N/A

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical staff will provide pre-service education to reinforce the physician's description of the procedure. Consent for the procedure is confirmed and documented. The supplies necessary for the injections are collected so that the physician can prepare the syringes. This includes documenting the drug, lot number, and expiration of the injectants.

Intra-Service (of Service Period): Clinical staff will assist the physician during the injection for 100% of the physician's intra-service time. The injection will performed in a sterile fashion. The staff is available to hand the physician supplies as needed in a sterile fashion. This has not changed since the previous review in 2008. The clinical staff time was approved by the PE Subcommittee as 100% of assist physician time in 2008. AMA staff research indicates that there was an error in the final PE spreadsheet in 2008 submitted by the societies, where 3 minutes was indicated instead of 5 minutes.

Post-Service (of Service Period): The clinical staff will monitor the patient for post-injection reaction, check the injection site and review the physician's instructions with the patient about home care. Once the patient leaves the office, the procedure room is cleaned, including disposing of all supplies related to the injection and returning the injectants to secure storage.

Post-Service Period Clinical Activities: 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 assists the physician with maintaining patient positioning during the injection, hands supplies and syringes to the physician to maintain sterility, and is available to assist the physician as necessary.

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

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC JAN-2016**		**RUC Apr 2008**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C.***			**20550**		**64455**		**64455**	
3		***RUC Collaboration Website***			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-28-17** **Tab: 18** **Specialty: APMA, AAOS, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
23		**End: When patient enters office/facility for surgery/procedure**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC JAN-2016**		**RUC Apr 2008**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C.**			**20550**		**64455**		**64455**	
3		***RUC Collaboration Website***			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-28-17** **Tab: 18** **Specialty: APMA, AAOS, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
24		**SERVICE PERIOD**								
25		**Start: When patient enters office/facility for surgery/procedure:**								
26		**Pre-Service (of service period)**								
27	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA						
28	CA010	Obtain vital signs	L037D	RN/LPN/MTA						
29	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	3		3		3	
31	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	3		2		**2**	
34	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA			2			
38		**Intra-service (of service period)**								
39	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	5		**3**		5	

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC JAN-2016**		**RUC Apr 2008**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C.**			**20550**		**64455**		**64455**	
3		***RUC Collaboration Website***			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
4	**Clinical Activity Code**	**Meeting Date: April 2017** **REVISED 4-28-17** **Tab: 18** **Specialty: APMA, AAOS, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
44		**Post-Service (of service period)**								
46	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	3		3		3	
47	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA			3		3	
52	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	1		1		1	
58	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	2		2		2	
62		**End: Patient leaves office**								

	A	B	D	E	F	G	H	I	J	K
1	RUC Practice Expense Spreadsheet				RUC JAN-2016		RUC Apr 2008		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C.			20550		64455		64455	
3		RUC Collaboration Website			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
4	Clinical Activity Code	Meeting Date: April 2017 REVISED 4-28-17 Tab: 18 Specialty: APMA, AAOS, AOFAS	Clinical Staff Type Code	Clinical Staff Type						
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	L037D	RN/LPN/MTA	17	0	19	0	19	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	17	0	19	0	19	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0
63		POST-SERVICE PERIOD								
64		Start: Patient leaves office/facility								
76		End: with last office visit before end of global period								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**				**RUC JAN-2016**		**RUC Apr 2008**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C.**			**20550**		**64455**		**64455**	
3		***RUC Collaboration Website***			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
4	**Clinical Activity Code**	**Meeting Date: April 2017 REVISED 4-28-17** **Tab: 18** **Specialty: APMA, AAOS, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
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**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**17**	**0**	**19**	**0**	**19**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**
77	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
78	SA048	pack, minimum multi-specialty visit	1.143	pack						
79	SB007	drape, sterile barrier 16in x 29in	0.494	item	1		1		1	
80	SB024	gloves, sterile	0.84	pair	1		1		1	
81	SJ041	povidone soln (Betadine)	0.008	ml	10		10		10	
82	SJ053	swab-pad, alcohol	0.013	item			2		2	
83	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	2		2		2	
84	SC029	needle, 18-27g	0.089	item	2		2		2	
85	SC051	syringe 10-12ml	0.184	item	1		1		1	
86	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item	1		1		1	
87	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item	1		1		1	
89	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
90	EF023	table, exam	1338.17	Non-highly Technical Equipment Formula	17		19		19	
91	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula	17		19		0	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

April 2017

Removal of Foreign Body - Eye

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported 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. CPT codes 65205 and 65210 were identified as part of this screen.

65205 ***Removal of foreign body, external eye; conjunctival superficial***
The RUC reviewed the survey results from 47 ophthalmologists and optometrists and determined that it was appropriate to recommend a work RVU of 0.49, which is less than both the survey 25th percentile and the current work value. The specialty societies decreased the survey pre-service evaluation time from 7 minutes to 3 minutes to account for any overlap in work between the associated E/M service and CPT code 65205. The RUC recommends 3 minutes pre-service evaluation time, 1 minute pre-service scrub/dress/wait time, 3 minutes intra-service time and 4 minutes of immediate post-service time.

The RUC noted that the physician work required to perform CPT code 65205 and the procedure itself has not fundamentally changed. However, the survey respondents indicated that the intra-servie time is two minutes less, decreasing from 5 minutes to 3 minutes. Since the survey 25th percentile work RVU is higher than the current work RVU, the RUC recommends a direct crosswalk to the second top key reference service 68200 *Subconjunctival injection* (work RVU = 0.49 and 11 minutes total time). CPT codes 65205 and 68200 both require the same total time to perform and the survey respondents indicated that the overall intensity and complexity of these services is identical (67%). The RUC also compared the survey code to the top key reference service 65222 *Removal of foreign body, external eye, corneal, with slit lamp* (work RVU = 0.84 and 15 minutes total time) and noted that 65222 requires more physician work and time to complete and is appropriately valued higher. Additionally, the survey respondents indicated that the survey code is overall similar or slightly less intense. **The RUC recommends a work RVU of 0.49 for CPT code 65205.**

65210 ***Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating***
The RUC reviewed the survey results from 39 ophthalmologists and optometrists and determined that the survey 25th percentile work value of 0.75 accurately reflects the physician work necessary for this service. The specialty societies decreased the survey pre-service evaluation time and immediate post-service time to account for any overlap in work between the associated E/M service and CPT code 65210. The RUC recommends the following times: 3 minutes pre-service evaluation time, 1 minute pre-service scrub/dress/wait time, 5 minutes intra-service time and 4 minutes immediate post-service time.

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The RUC noted that CPT code 65210 had never been surveyed and was based on Harvard time which contributed to the median survey intra-service time of 5 minutes being less than half of the current value of 13 minutes. The RUC agreed with the consensus of the specialty societies that the procedure has not fundamentally changed and recommends a work RVU at the 25th percentile in accordance with the recent survey.

The RUC compared CPT code 65210 to the top key reference service code 65222 *Removal of foreign body, external eye; corneal, with slit lamp* (work RVU = 0.84) and noted that the intensity and complexity measures for the survey code were similar to those for the key reference service code. For additional support, the RUC referenced MPC codes 20553 *Injection(s); single or multiple trigger point(s), 3 or more muscles* (work RVU = 0.75) and 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66) and similar service CPT code 64450 *Injection, anesthetic agent; other peripheral nerve or branch* (work RVU = 0.75). **The RUC recommends a work RVU of 0.75 for CPT code 65210.**

In addition, the RUC observed that there are inconsistencies in the Medicare Claims Processing Manual (Manual) related to reporting an E/M service on the same day as a minor procedure. While acknowledging the CMS staff citation from the manual, Chapter 12, Section 40.1, paragraph B, regarding reporting an E/M visit with a 000-day global code and the expectation that all of the focused evaluation work is included in the global period, the presenters noted that in two other sections of the same Manual chapter, the guidance provided is different. Specifically, Section 40.1 paragraph C and Section 40.2 paragraph A (#8) of the Manual confirm that it is permissible to report an E/M code on the same day as a minor surgical procedure when a significant, separately identifiable service is also performed. It is appropriate to append modifier 25 to the E/M code in instances where a significant, separately identifiable evaluation and management service is performed by same physician on the day of a procedure. The RUC also noted this Section of the Manual corresponds to CPT Modifier 25 instructions which state: "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Practice Expense:
The RUC recommends the practice expenses without modification as submitted by the specialty societies and approved by the PE Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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
65205	Removal of foreign body, external eye; conjunctival superficial	000	0.49
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	000	0.75

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:65205 Tracking Number Original Specialty Recommended RVU: **0.49**
Presented Recommended RVU: **0.49**
Global Period: 000 Current Work RVU: **0.71** RUC Recommended RVU: **0.49**

CPT Descriptor: Removal of foreign body, external eye; conjunctival superficial.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 28-year-old carpenter presents complaining of sudden onset of tearing, light sensitivity, and pain in the right eye. Upon eversion of the upper lid, a small wood fragment is found.

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: Describe planned procedure and obtain informed consent. Anesthetize the ocular surface

Description of Intra-Service Work: Position the patient at the slit lamp. Evert the lid and remove the foreign body with forceps. Apply topical antibiotic.

Description of Post-Service Work: Counsel patient about expected postoperative course and instruct to call for increasing pain, purulent discharge or decreasing vision. Prepare documentation and forward to referring source and primary care provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	David B. Glasser, M.D. AAO, Charlie Fitzpatrik, O.D. AOA		
Specialty(s):	Ophthalmology (AAO) and Optometry (AOA)		
CPT Code:	65205		
Sample Size:	1487	**Resp N:** 47	**Response:** 3.1 %
Description of Sample:	A random sample of members were pulled from the AAO and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	5.00	**10.00**	20.00	55.00
Survey RVW:	0.40	0.72	**0.80**	0.84	2.01
Pre-Service Evaluation Time:			**9.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**1.00**		
Intra-Service Time:	1.00	2.00	**3.00**	6.00	15.00

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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	65205	**Recommended Physician Work RVU: 0.49**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**7.00**	**-4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65222	000	0.84	**RUC Time**

CPT Descriptor Removal of foreign body, external eye, corneal, with slit lamo

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68200	000	0.49	**RUC Time**

CPT Descriptor Subconjunctival injection

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
46600	000	0.55	**RUC Time**	93,246

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
29540	000	0.39	**RUC Time**	257,803

CPT Descriptor 2 Strapping; ankle and/or foot

Other Reference CPT Code	Global	Work RVU	Time Source
68200	000	0.49	**RUC Time**

CPT Descriptor Subconjunctival injection

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:** 87.2 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 6.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 65205	Top Key Reference CPT Code: 65222	2nd Key Reference CPT Code: **68200**
Median Pre-Service Time	4.00	5.00	3.00
Median Intra-Service Time	3.00	7.00	5.00
Median Immediate Post-service Time	4.00	3.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**11.00**	**15.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	5%	39%	46%	10%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	22%	59%	19%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	88%	2%
Urgency of medical decision making	17%	73%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	39%	44%	17%
Physical effort required	27%	56%	17%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	58%	32%	10%
Outcome depends on the skill and judgment of physician	32%	61%	7%
Estimated risk of malpractice suit with poor outcome	56%	42%	2%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	33%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	33%	67%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	100%	0%
Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	67%	33%	0%
Outcome depends on the skill and judgment of physician	0%	33%	67%
Estimated risk of malpractice suit with poor outcome	0%	100%	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.

CPT 65205 *Removal of foreign body, external eye; conjunctival superficial* was identified by CMS as a potentially misvalued service. It was last fully reviewed by the RUC in 1995.

A random survey of AAO, American Society of Cataract and Refractive Surgeons (ASCRS) and American Optometric Association (AOA) members had 47 respondents, 98% of whom found the vignette typical. The median WRVU was 0.80 and the 25th percentile was 0.72. Median IST was 3 minutes. The current value of the code is 0.71 WRVU. The primary reference service, chosen by 87%, was 65222, *Removal of foreign body, external eye; corneal, with slit lamp* (RUC September 2011) with a WRVU of 0.84 and 7 minutes IST. The intensity and complexity metrics for the surveyed code were lower than those for the reference code. The second key reference service was 68200, *Subconjunctival injection* (RUC September 2011) with a WRVU of 0.49 and 5 minutes IST. The intensity and complexity metrics for the surveyed code were higher than those for this reference code.

The expert panel of the AAO, ASCRS and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 3 minutes is 2 minutes less than the current value. The procedure itself has not changed over the past 22 years. The survey pre-times were 9/2/1. We used pre-service package 5 with times of 7/0/1. We reduced the pre-service time further because the procedure is typically done on the same day as an office visit, utilizing 3 minutes to prepare for the procedure, describe the procedure to the patient and obtain consent, and 1 minute to administer and wait for the anesthetic, as suggested by the package detail, for a total pre-time of 4 minutes. We maintained the survey post-time of 4 minutes to counsel the patient, prepare the report and communicate the results. **We recommend times of 4/3/4 and a 0.49 WRVU, below the survey's 25th percentile.**

There are no MPC or recently reviewed 000-day global codes with ISTs of 3 minutes. The closest MPC in total time and value is 46600 *Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (RUC February 2007) with 0.55 WRVU, an IST of 5 minutes and total time of 22 minutes. The recommended value is supported by CPT code 68200 *Subconjunctival injection* (RUC September 2011) with 0.49 WRVU, an IST of 5 minutes and total time of 11 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

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 40000
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 20315 Percentage 51.33 %

Specialty Optometry Frequency 15531 Percentage 39.24 %

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? 26,381 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 13544 Percentage 51.33 %

Specialty Optometry Frequency 10354 Percentage 39.24 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
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 65205

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:65210 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 Current Work RVU: **0.84** RUC Recommended RVU: **0.75**

CPT Descriptor: Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old female presents with a several-week history of increasing foreign body sensation in the eye. Examination reveals a lipid concretion eroding through the surface of the conjunctiva.

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: Describe planned procedure and obtain informed consent. Anesthetize the ocular surface

Description of Intra-Service Work: Position the patient at the slit lamp. Evert the lid. Use micro scissors and/or a needle tip to expose the foreign body. Express the foreign body with a spatula and remove with forceps. Apply topical antibiotic.

Description of Post-Service Work: Counsel patient about expected postoperative course and instruct to call for increasing pain, purulent discharge or decreasing vision. Prepare documentation and forward to referring source and primary care provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	David B. Glasser, M.D AAO, Charlie Fitzpatrick, O.D AOA.		
Specialty(s):	Ophthalmology (AAO) and Optometry (AOA)		
CPT Code:	65210		
Sample Size:	1484	**Resp N:** 39	**Response:** 2.6 %
Description of Sample:	A random sample of members were pulled from the AAO and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	4.00	**10.00**	15.00	78.00
Survey RVW:	0.43	0.75	**0.84**	0.88	2.01
Pre-Service Evaluation Time:			**9.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	4.00	**5.00**	7.50	17.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	65210	**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:		**3.00**	**7.00**	**-4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**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)

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:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65222	000	0.84	**RUC Time**

CPT Descriptor Removal of foreign body, external eye; corneal, with slit lamp

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65800	000	1.53	**RUC Time**

CPT Descriptor Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
20553	000	0.75	**RUC Time**	295,258

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 3 or more muscles

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	350,494

CPT Descriptor 2 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

Other Reference CPT Code	Global	Work RVU	Time Source
64450	000	0.75	**RUC Time**

CPT Descriptor Injection, anesthetic agent; other peripheral nerve or branch

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: 35 **% of respondents:** 89.7 **%**

Number of respondents who choose 2nd Key Reference Code: 1 **% of respondents:** 2.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 65210	Top Key Reference CPT Code: 65222	2nd Key Reference CPT Code: **65800**
Median Pre-Service Time	4.00	5.00	18.00
Median Intra-Service Time	5.00	7.00	5.00
Median Immediate Post-service Time	4.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**13.00**	**15.00**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	26%	54%	17%	3%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	6%	60%	34%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	71%	23%
Urgency of medical decision making	40%	51%	9%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	69%	17%
Physical effort required	8%	63%	29%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	48%	43%	9%
Outcome depends on the skill and judgment of physician	14%	72%	14%
Estimated risk of malpractice suit with poor outcome	49%	40%	11%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	100%	0%	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	0%	100%	0%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	100%	0%
Urgency of medical decision making	100%	0%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	100%	0%	0%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	100%	0%	0%
Outcome depends on the skill and judgment of physician	100%	0%	0%
Estimated risk of malpractice suit with poor outcome	100%	0%	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.

CPT 65210 *Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating* was identified by CMS as a potentially misvalued service. It has never been reviewed by the RUC.

A random survey of AAO, American Society of Cataract and Refractive Surgeons (ASCRS) and American Optometric Association (AOA) members had 39 respondents, 87% of whom found the vignette typical. The median WRVU was 0.84 and the 25th percentile was 0.75. Median IST was 5 minutes. The current value of the code is 0.84 WRVU. The primary reference service, chosen by 90%, was 65222, *Removal of foreign body, external eye; corneal, with slit lamp* (RUC September 2011) with a WRVU of 0.84 and 7 minutes IST. The intensity and complexity metrics for the surveyed code were similar to those for the reference code.

The expert panel of the AAO, ASCRS and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 5 minutes is less than half of the current value of 13 minutes. The procedure itself has not changed over the past several decades. The survey pre-times were 9/2/2. We used pre-service package 5 with times of 7/0/1. We reduced the pre-service time further because the procedure is typically done on the same day as an office visit, retaining 3 minutes to prepare for the procedure, describe the procedure to the patient and obtain consent, and 1 minute to administer and wait for the anesthetic, as suggested by the package detail, for a total pre-time of 4 minutes. We maintained the survey post-time of 5 minutes to counsel the patient, prepare the report and communicate the results. **We recommend times of 4/5/5 and 0.75 WRVU, the survey's 25th percentile.**

This value is supported by MPC 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (RUC January 2016) with 0.66 WRVU, an IST of 5 minutes and total time of 21 minutes. The value is also supported by CPT code 64450 *Injection, anesthetic agent; other peripheral nerve or branch* (RUC September 2011) with 0.75 WRVU, 5 minutes IST and 20 minutes total time, and CPT 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (RUC January 2016) with 0.75 WRVU, 5 minutes IST and 21 minutes total 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) 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? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 36000
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 24932 Percentage 69.53 %

Specialty Optometry Frequency 10558 Percentage 29.44 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23,902 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 16621 Percentage 69.53 %

Specialty Optometry Frequency 7039 Percentage 29.44 %

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:
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 65210

If this code is a new/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

ISSUE: Foreign Body Removal - Eye

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	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	65222	Removal of foreign body, external eye; conjunctival		0.094			0.84			15	5					7			3																			
2nd REF	68200	Subconjunctival injection		0.071			0.49			11	3					5			3																			
CURRENT	65205	Removal of foreign body, external eye; conjunctival		0.097			0.71			15	5					5			5																			
SVY	65205	Removal of foreign body, external eye; conjunctival	47	0.152	0.40	0.72	0.80	0.84	2.01	19	9	2	1	1	2	3	6	15	4																		
REC	65205	Removal of foreign body, external eye; conjunctival		0.108			0.49			11	3		1			3			4																		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57

CPT Code: 65205
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: Removal of foreign body, external eye; conjunctival superficial

Global Period: 000 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 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:

Current code (65205)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: **N/A**

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: **N/A**

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

Clinical staff take standard time of three minutes to complete diagnostic and referral forms, and another three minutes to schedule space and equipment in the facility.

Service Period Clinical Activities: **N/A**

Pre-Service (of Service Period): ***N/A***

Intra-Service (of Service Period): ***N/A***

Post-Service (of Service Period): ***N/A***

Post-Service Period Clinical Activities: **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: 65205
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: Removal of foreign body, external eye; conjunctival superficial

Global Period: 000 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 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:

Current code (65205)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: see below

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:
See below

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: **N/A**

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: **N/A**

Service Period Clinical Activities:

Pre-Service (of Service Period):

Line 35: **1 minute is allocated for preparing equipment for the procedure. Although this procedure is typically done with an E&M service, the equipment for this procedure is not included in the standard ophthalmic screening lane, and is not typically kept there. The typical instrument used is a jeweler's forceps, and they are retrieved by the technician for use in the procedure.**

Lines 31, 32, and 33 **have been removed since this code is typically done now in conjunction with an E&M code.**

Intra-Service (of Service Period):

N/A: Staff used to be typically present assisting the physician by holding the patient's eyelid up with a cotton-tipped applicator, securing the patient's head forward, and handing the physician instruments. We believe that this is still done very frequently in practice, but less than half of the time. We have therefore removed this intraservice time from the practice expense sheet.

Post-Service (of Service Period):

Line 60: **1 minute is allocated for cleaning the equipment used for the procedure, and returning it to its place. This equipment is not typically included in the standard ophthalmic screening lane, and is in excess of the cleaning required for a typical E&M visit.**

Post-Service Period Clinical Activities: **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:

Line 107 **represents the total time taken by the physician to perform the code in the screening lane (which is not able to be occupied by another patient during the time of the procedure), plus the time inputs for the technician work as listed above. Physician service time is submitted as 11 minutes, but may undergo changes by the RUC during this meeting.**

CPT Code: 65210
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: Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral non-perforating

Global Period: 000 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 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:

Current code (65210)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: **N/A**

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: **N/A**

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

Clinical staff take standard time of three minutes to complete diagnostic and referral forms, and another three minutes to schedule space and equipment in the facility.

Service Period Clinical Activities: **N/A**

Pre-Service (of Service Period): ***N/A***

Intra-Service (of Service Period): ***N/A***

Post-Service (of Service Period): ***N/A***

Post-Service Period Clinical Activities: **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:

CPT Code: 65210
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: Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral non-perforating

Global Period: 000 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 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:

Current code (65210)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: see below

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: see below

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: **N/A**

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: **N/A**

Service Period Clinical Activities: **N/A**

Pre-Service (of Service Period):

Line 35: **2 minutes are allocated for preparing equipment for the procedure. Although this procedure is typically done with an E&M service, the equipment for this procedure is not included in the standard ophthalmic screening lane, and is not typically kept there. The typical instruments used are a jewelers forceps, a Kimura spatula, and micro-scissors and/or a 1cc syringe with a 25g needle, and they are retrieved by the technician for use in the procedure.**

Lines 31, 32, and 33 **have been removed since this code is typically done now in conjunction with an E&M code.**

Intra-Service (of Service Period):

N/A Staff used to be typically present assisting the physician by holding the patient's eyelid up with a cotton-tipped applicator, securing the patient's head forward, and handing the physician instruments. We believe that this is still done quite frequently in practice, but less than half of the time. We have therefore removed this intraservice time from the practice expense sheet.

Post-Service (of Service Period):

Line 60: **3 minutes are allocated for disposing, cleaning and re-sterilizing the equipment used for the procedure, and returning it to its place. This equipment is not typically included in the standard ophthalmic screening lane, and is in excess of the cleaning required for a typical E&M visit.**

Post-Service Period Clinical Activities: **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:

Line 107 **represents the total time taken by the physician to perform the code in the screening lane (which is not able to be occupied by another patient during the time of the procedure), plus the time inputs for the technician work as listed above. Physician service time is submitted as 14 minutes, but was changed by the RUC to 13 minutes. Therefore, the total minutes in this line have been subsequently reduced from 19 to 18 to reflect this change.**

	A	B	D	E	F	G	H	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**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***			**CPT Code #**		**65205**		**65205**		**65210**		**65210**	
3		***RUC Collaboration Website***			CPT CODE DESCRIPTOR		Removal of foreign body, external eye; conjunctival superficial		Removal of foreign body, external eye; conjunctival superficial		Removal of foreign body, external eye; conjunctival embedded (includes		Removal of foreign body, external eye; conjunctival embedded (includes concretions),	
4	**Clinical Activity Code**	**Meeting Date: April, 2017** **Tab: 19 Foreign body removal** **Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**										
5		**LOCATION: Chicago**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**												
7		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**25.0**	**10.0**	**2.0**	**6.0**	**30.0**	**10.0**	**5.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**17.0**	**0.0**	**2.0**	**0.0**	**22.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**												
12		**Start: Following visit when decision for surgery or procedure made**												
13	CA001	Complete pre-service diagnostic and referral forms	L038A	COMT/COT/RN/CST			5	5		3	5	5		3
14	CA002	Coordinate pre-surgery services (including test results)	L038A	COMT/COT/RN/CST										
15	CA003	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST				5		3		5		3
16	CA004	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST										
17	CA005	Complete pre-procedure phone calls and prescription	L038A	COMT/COT/RN/CST										
18	CA006	Confirm availability of prior images/studies	L038A	COMT/COT/RN/CST										
19	CA007	Review patient clinical extant information and questionnaire	L038A	COMT/COT/RN/CST										
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L038A	COMT/COT/RN/CST										
21			L038A	COMT/COT/RN/CST										
22			L038A	COMT/COT/RN/CST										
23			L038A	COMT/COT/RN/CST										
24		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
25		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
26		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
27		**End: When patient enters office/facility for surgery/procedure**												

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6		**GLOBAL PERIOD**												
7		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**25.0**	**10.0**	**2.0**	**6.0**	**30.0**	**10.0**	**5.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**17.0**	**0.0**	**2.0**	**0.0**	**22.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
28		**SERVICE PERIOD**												
29		**Start: When patient enters office/facility for surgery/procedure:**												
30		**Pre-Service (of service period)**												
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/RN/CST			3				3			
32	CA010	Obtain vital signs	L038A	COMT/COT/RN/CST			3				3			
33	CA011	Provide education/obtain consent	L038A	COMT/COT/RN/CST			2				2			
34	CA012	Review requisition, assess for special needs	L038A	COMT/COT/RN/CST										
35	CA013	Prepare room, equipment and supplies	L038A	COMT/COT/RN/CST			3		1		3		2	
36	CA014	Confirm order, protocol exam	L038A	COMT/COT/RN/CST										
37	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COT/RN/CST										
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L038A	COMT/COT/RN/CST										
39	CA017	Sedate/apply anesthesia	L038A	COMT/COT/RN/CST										
40			L038A	COMT/COT/RN/CST										
41			L038A	COMT/COT/RN/CST										
42			L038A	COMT/COT/RN/CST										
43		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
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45		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
46		**Intra-service (of service period)**	L038A											
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L038A	COMT/COT/RN/CST			3				8			
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L038A	COMT/COT/RN/CST										
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L038A	COMT/COT/RN/CST										
50	CA021	Perform procedure/service---NOT directly related to physician work time	L038A	COMT/COT/RN/CST										
51			L038A	COMT/COT/RN/CST										
52			L038A	COMT/COT/RN/CST										
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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**17.0**	**0.0**	**2.0**	**0.0**	**22.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
54		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
55		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**17.0**	**0.0**	**2.0**	**0.0**	**22.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
57		**Post-Service (of service period)**												
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L038A	COMT/COT/RN/CST										
59	CA023	Monitor patient following procedure/service, no multitasking	L038A	COMT/COT/RN/CST										
60	CA024	Clean room/equipment by clinical staff	L038A	COMT/COT/RN/CST			3		1		3		3	
61	CA025	Clean scope	L038A	COMT/COT/RN/CST										
62	CA026	Clean surgical instrument package	L038A	COMT/COT/RN/CST										
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L038A	COMT/COT/RN/CST										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L038A	COMT/COT/RN/CST										
65	CA029	Check dressings, catheters, wounds	L038A	COMT/COT/RN/CST										
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L038A	COMT/COT/RN/CST										
67	CA031	Review examination with interpreting MD/DO	L038A	COMT/COT/RN/CST										
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L038A	COMT/COT/RN/CST										
69	CA033	Perform regulatory mandated quality assurance activity (service period)	L038A	COMT/COT/RN/CST										
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L038A	COMT/COT/RN/CST										
71	CA035	Review home care instructions, coordinate visits/prescriptions	L038A	COMT/COT/RN/CST										
72	CA036	Discharge day management	L038A	COMT/COT/RN/CST	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
73			L038A	COMT/COT/RN/CST										
74			L038A	COMT/COT/RN/CST										
75			L038A	COMT/COT/RN/CST										
76		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
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78		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
79		**End: Patient leaves office**												

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6		**GLOBAL PERIOD**												
7		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**25.0**	**10.0**	**2.0**	**6.0**	**30.0**	**10.0**	**5.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**17.0**	**0.0**	**2.0**	**0.0**	**22.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
80		**POST-SERVICE PERIOD**												
81		**Start: Patient leaves office/facility**												
82	CA037	Conduct patient communications	L038A	COMT/COT/RN/CST			3				3			
83	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA										
84		***Office visits: List Number and Level of Office Visits***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
85		99211 16 minutes	16											
86		99212 27 minutes	27											
87		99213 36 minutes	36											
88		99214 53 minutes	53											
89		99215 63 minutes	63											
90	CA039	Post-operative visits (total time)	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
91			L038A	COMT/COT/RN/CST										
92			L038A	COMT/COT/RN/CST										
93			L038A	COMT/COT/RN/CST										
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96		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST										
97		**End: with last office visit before end of global period**												

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3		***RUC Collaboration Website***			CPT CODE DESCRIPTOR		Removal of foreign body, external eye; conjunctival superficial		Removal of foreign body, external eye; conjunctival superficial		Removal of foreign body, external eye; conjunctival embedded (includes		Removal of foreign body, external eye; conjunctival embedded (includes concretions),	
4	**Clinical Activity Code**	**Meeting Date: April, 2017 Tab: 19 Foreign body removal Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**										
5		**LOCATION: Chicago**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**												
7		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**25.0**	**10.0**	**2.0**	**6.0**	**30.0**	**10.0**	**5.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**17.0**	**0.0**	**2.0**	**0.0**	**22.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**										
99	SA050	pack, ophthalmology visit (no dilation)	1.185	pack			1				1			
100	SC052	syringe 1ml	0.14	item									1	
101	SC029	needle, 18-27g	0.089	item									1	
102														
103														
104														
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*												
106	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**										
107	EL006	lane, screening (oph)	28463.33				17		13		22		18	
108														
109														
110														
111														
112														
113		*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

X-Ray Spine

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 codes 72020 and 72072 were captured on this screen. The family was expanded to include CPT codes 72040, 72050, 72052, 72070, 72074, 72080, 72100, 72110, 72114, and 72120. The Workgroup recommended the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies' request to allow direct crosswalks to similar services for physician work and time.

In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommendations in lieu of conducting a RUC survey. The Research Subcommittee had reviewed the recommendation made by the specialty societies to crosswalk times and values for these identified codes to other codes performed by the specialty societies. On the Research Subcommittee conference call, the specialty societies explained that when determining an appropriate crosswalk, they tried to find RUC reviewed codes that were similar in service and time, performed on similar anatomical site, required similar number of views and required similar patient positions. The Research Subcommittee agreed that the methodology employed by the specialty was appropriate for these services, noting past precedent of the Research Subcommittee approving a similar request for X-ray codes in 2010. As part of its discussion, the Subcommittee noted that it would not recommend for the specialty to propose using lower work RVU crosswalks to justify maintaining the value of higher work RVU codes.

72020 ***Radiologic examination, spine, single view, specify level***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 73551 *Radiologic examination, femur; 1 view* (work RVU of 0.16, pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minutes) and noted that both services should be valued similarly as both studies have identical intra-service and total times. In addition, both services are single view examinations typically obtained to check alignment post reduction or for surgical planning. The RUC agreed that the current work RVU for 72020 of 0.15 should be maintained. **The RUC recommends a work RVU of 0.15 for CPT code 72020.**

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72040 ***Radiologic examination, spine, cervical; 2 or 3 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minutes) and noted that both services should be valued similarly as both services have similar intra-service and total times, while studies of the spine are typically more intense to perform. In addition, both exams are multi-view examinations, typically 2 views, of complex anatomic regions. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72040. **The RUC recommends a work RVU of 0.22 for CPT code 72040.**

72050 ***Radiologic examination, spine, cervical; 4 or 5 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 72082 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views* (work RVU of 0.31, pre-service time of 1 minute, intra-service time of 6 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have similar intra-service and total times. In addition, both studies are multi-view examinations of complex anatomic regions. CPT code 72082 typically involves anteroposterior (AP) and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. CPT code 72050 typically consists of AP, lateral and bilateral oblique views of the cervical spine. Therefore, the RUC recommends a direct work RVU crosswalk from code 72082 to 72050. **The RUC recommends a work RVU of 0.31 for CPT code 72050.**

72052 ***Radiologic examination, spine, cervical; 6 or more views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views* (work RVU of 0.35, pre-service time of 1 minute, intra-service time of 7 minutes and post-service time of 1 minute) and noted that both services should be valued similarly

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as, although the reference code includes slightly more intra-service time, the code under review is a somewhat more intense service to perform. In addition, both studies are multi-view examinations of complex anatomic regions. CPT code 72083 typically involves anteroposterior (AP), lateral and bending views of the thoracic and lumbar spine obtained on multiple images. Pairs of images are stitched together to form the AP, lateral and bending views. CPT code 72052 typically consists of AP, lateral, bilateral oblique, flexion and extension views of the cervical spine. Therefore, the RUC recommends a direct work RVU crosswalk from code 72083 to 72052. **The RUC recommends a work RVU of 0.35 for CPT code 72052.**

72070 ***Radiologic examination, spine; thoracic, 2 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have similar intra-service and total times. In addition, both exams are 2 views and cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72070. **The RUC recommends a work RVU of 0.22 for CPT code 72070.**

72072 Radiologic examination, spine; thoracic, 3 views
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have identical intra-service and total times. In addition, both studies cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72072. **The RUC recommends a work RVU of 0.22 for CPT code 72072.**

72074 ***Radiologic examination, spine; thoracic, minimum of 4 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

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To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have identical intra-service and total times. In addition, both studies cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72074. **The RUC recommends a work RVU of 0.22 for CPT code 72074.**

72080 ***Radiologic examination, spine; thoracolumbar junction, minimum of 2 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have identical intra-service and total times. In addition, both exams are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72080. **The RUC recommends a work RVU of 0.22 for CPT code 72080.**

72100 ***Radiologic examination, spine, lumbosacral; 2 or 3 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have similar intra-service and total times, while studies of the spine are typically more intense to perform. In addition, both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72100. **The RUC recommends a work RVU of 0.22 for CPT code 72100.**

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72110 ***Radiologic examination, spine, lumbosacral; minimum of 4 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 72082 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views* (work RVU of 0.31, pre-service time of 1 minute, intra-service time of 6 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have similar intra-service and total times. In addition, both studies are multi-view examinations of complex anatomic regions. CPT code 72082 typically involves anteroposterior (AP) and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. CPT code 72110 typically consists of AP, lateral and bilateral oblique views of the lumbosacral spine. Therefore, the RUC recommends a direct work RVU crosswalk from code 72082 to 72110. **The RUC recommends a work RVU of 0.31 for CPT code 72110.**

72114 ***Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 72082 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views* (work RVU of 0.31, pre-service time of 1 minute, intra-service time of 6 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have similar intra-service and total times. In addition, both exams are multi-view examinations of complex anatomic regions. CPT code 72082 typically involves anteroposterior (AP) and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. CPT code 72114 typically consists of AP, lateral, bilateral oblique and bending views of the lumbosacral spine. Therefore, the RUC recommends a direct work RVU crosswalk from code 72082 to 72114. **The RUC recommends a work RVU of 0.31 for CPT code 72114.**

72120 ***Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

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To determine an appropriate work RVU, the RUC compared the code under review to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU of 0.22, pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute) and noted that both services should be valued similarly as both services have similar intra-service and total times, while studies of the spine are typically more intense to perform. In addition, both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region. Therefore, the RUC recommends a direct work RVU crosswalk from code 71100 to 72120. **The RUC recommends a work RVU of 0.22 for CPT code 72120.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
72020	Radiologic examination, spine, single view, specify level	XXX	0.15 (No Change)
72040 **(f)**	Radiologic examination, spine, cervical; 2 or 3 views	XXX	0.22 (No Change)
72050 **(f)**	Radiologic examination, spine, cervical; 4 or 5 views	XXX	0.31 (No Change)
72052 **(f)**	Radiologic examination, spine, cervical; 6 or more views	XXX	0.35

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72070	Radiologic examination, spine; thoracic, 2 views	XXX	0.22 (No Change)
72072 **(f)**	Radiologic examination, spine; thoracic, 3 views	XXX	0.22 (No Change)
72074 **(f)**	Radiologic examination, spine; thoracic, minimum of 4 views	XXX	0.22 (No Change)
72080 **(f)**	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	XXX	0.22 (No Change)
72100 **(f)**	Radiologic examination, spine, lumbosacral; 2 or 3 views	XXX	0.22 (No Change)
72110 **(f)**	Radiologic examination, spine, lumbosacral; minimum of 4 views	XXX	0.31 (No Change)
72114 **(f)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	XXX	0.31
72120 **(f)**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	XXX	0.22 (No Change)

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April 5, 2017

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Re: X-Ray Crosswalks: Toe(s), Heel, Elbow & Forearm, Sacrum, Spine

Dear Dr. Smith,

The twenty codes listed below belong to families of x-ray codes identified by the CMS/Other utilization >100,000 screen. At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, the American Society for Surgery of the Hand, and the American Orthopaedic Foot and Ankle Society believe the proposed values for the x-ray services below are accurate and are supported by the following crosswalks to existing RUC surveyed codes.

Code	Descriptor	Proposed Work RVU	Crosswalk Code	Crosswalk Descriptor	Crosswalk Work RVU
73070	Radiologic examination, elbow; 2 views	0.15	**73600**	Radiologic examination, ankle; 2 views	0.16
73080	Radiologic examination, elbow; complete, minimum of 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
73090	Radiologic examination; forearm, 2 views	0.16	**73590**	Radiologic examination; tibia and fibula, 2 views	0.16
72200	Radiologic examination, sacroiliac joints; less than 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
72202	Radiologic examination, sacroiliac joints; 3 or more views	0.18	**73562**	Radiologic examination, knee; 3 views	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	0.17	**73630**	Radiologic examination, foot; complete, minimum of 3 views	0.17
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	**73600**	Radiologic examination, ankle; 2 views	0.16

73660	Radiologic examination; toe(s), minimum of 2 views	0.13	**73140**	Radiologic examination, finger(s), minimum of 2 views	0.13
72020	Radiologic examination, spine, single view, specify level	0.15	**73551**	Radiologic examination, femur; 1 view	0.16
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	**72083**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35
72070	Radiologic examination, spine; thoracic, 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72072	Radiologic examination, spine; thoracic, 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31

72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22

The specialties presented the crosswalk methodology to the Research Subcommittee for approval prior to the April 2017 RUC survey cycle. Following discussion, the Subcommittee agreed to allow the specialties to proceed with the crosswalk for the above codes in lieu of survey. New and revised vignettes and work descriptors, as enclosed in the accompanying document, were also reviewed and approved. Any adjustments made to existing times and values are tracked for reference.

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,

Kurt Schoppe, MD
ACR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

Brooke A. Bisbee, DPM
APMA RUC Advisor

Anne Miller-Breslow, MD
ASSH RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

Peter Mangone, MD
AOFAS RUC Advisor

X-Ray Elbow/Forearm (ACR, AAOS, ASSH)

	Code under review	Proposed crosswalk
CPT	**73070**	**73600**
Descriptor	Radiologic examination, elbow; 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both 73070 and 73600 describe 2 view radiologic examinations of joints, which are quite similar in that they include the articulation of two bones.	

	Code under review	Proposed crosswalk
CPT	**73080**	**73610**
Descriptor	Radiologic examination, elbow; complete, minimum of 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Apr 2010	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	Both 73080 and 73610 describe minimum 3 view radiologic examinations of joints, which are quite similar in that they include the articulation of three bones (i.e. the humerus, radius and ulna in the elbow and the tibia, fibula and talus in the ankle).	

	Code under review	Proposed crosswalk
CPT	**73090**	**73590**
Descriptor	Radiologic examination; forearm, 2 views	Radiologic examination; tibia and fibula, 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.	A 50-year-old female presents with a history of a fall and pain to her lower leg. AP and lateral views of the tibia and fibula are obtained to evaluate for fracture.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the tibia and fibula are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73090 and 73590 describe 2 view radiologic examinations of corresponding anatomic regions in the upper and lower extremity, respectively.	

X-Ray Sacrum (ACR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72200**	**73610**
Descriptor	Radiologic examination, sacroiliac joints; less than 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72200 describes a less than 3 view examination of the sacroiliac joints, which typically would include an AP view of both sacroiliac joints and an oblique view of the symptomatic joint. The evaluation of both sacroiliac joints on the AP and one joint on the oblique is similar to the evaluation of a unilateral ankle joint on 3 views, 73610.	

	Code under review	Proposed crosswalk
CPT	**72202**	**73562**
Descriptor	Radiologic examination, sacroiliac joints; 3 or more views	Radiologic examination, knee; 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	~~0.0363~~ 0.0338	0.0338
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.	A 27-year-old male presents with trauma to the left knee following a motor vehicle accident. Frontal, lateral, and sunrise views of the left knee are obtained to evaluate for injury.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the knee are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**~~0.19~~ 0.18**	**0.18**
Rationale for proposed crosswalk	72202 describes a minimum 3 view examination of both sacroiliac articulations, which is similar to the 3 view knee examination, 73562, which evaluates both the patellofemoral and tibiofemoral articulations.	

	Code under review	Proposed crosswalk
CPT	**72220**	**73630**
Descriptor	Radiologic examination, sacrum and coccyx, minimum of 2 views	Radiologic examination, foot; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.	A 45-year-old female presents with a complaint of acute foot pain. AP, lateral, and oblique views of the foot are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72220 describes a minimum 2 view radiologic examinations of the 5 sacral segments and 4 coccygeal segments, which is typically performed as a 3 view study similar to the typical 3 view examination of the foot.	

X-Ray Heel (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73650**	**73600**
Descriptor	Radiologic examination; calcaneus, minimum of 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus and fibula are obtained to evaluate for fracture.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73650 and 73600 describe minimum 2 view and 2 view radiologic examinations of similar anatomic regions, the hind foot and ankle, respectively.	

X-Ray Toe (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73660**	**73140**
Descriptor	Radiologic examination; toe(s), minimum of 2 views	Radiologic examination, finger(s), minimum of 2 views
RUC reviewed	Aug 1995 (CMS/Other)	~~Aug 2005~~April 2016
IWPUT	0.0284	~~0.0426~~0.0213
Pre-service time	1	1
Intra-service time	3	~~2~~ 4
Post-service time	1	1
Total time	**5**	**4 6**
Vignette	An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.	A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare the findings to previous studies, if applicable. • Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Communicate findings to referring physician, when needed. □□□□□□□□
Work RVU	**0.13**	**0.13**
Rationale for proposed crosswalk	Both 73660 and 73140 describe minimum 2 view radiologic examination of a digit(s).	

X-Ray Spine (ACR, ASNR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72020**	**73551**
Descriptor	Radiologic examination, spine, single view, specify level	Radiologic examination, femur; 1 view
RUC reviewed	Aug 1995 (CMS/Other)	Apr 2015
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.	A 24-year-old male presents with right femur fracture. Intraoperative planning for intramedullary rod placement is performed.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the femur. • The visualized joints and joint spaces, including the hip and knee, are assessed. The morphology and integrity of all visualized osseous structures are evaluated, the visualized superficial soft tissues are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed. □□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.□□□□□□□□□□□□□□□□
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both studies are single view examinations typically obtained to check alignment post reduction or for surgical planning.	

	Code under review	Proposed crosswalk
CPT	**72040**	**71100**
Descriptor	Radiologic examination, spine, cervical; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Jan 2012	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are multi-view examinations, typically 2 views, of complex anatomic regions.	

	Code under review	Proposed crosswalk
CPT	**72050**	**72082**
Descriptor	Radiologic examination, spine, cervical; 4 or 5 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72050 typically consists of AP, lateral and bilateral oblique views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72052**	**72083**
Descriptor	Radiologic examination, spine, cervical; 6 or more views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	~~0.0586~~ 0.0566	0.0436
Pre-service time	1	1
Intra-service time	5	7
Post-service time	2	1
Total time	**8**	**9**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 67-year-old female with degenerative scoliosis is undergoing radiographic evaluation to evaluate for dynamic instability prior to surgical correction.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. The morphology, alignment (both coronal and sagittal), and integrity of the vertebral bodies are assessed. Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.

Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.
Work RVU	**~~0.36~~ 0.35**	**0.35**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72083 typically involves AP, lateral and bending views of the thoracic and lumbar spine obtained on multiple images. Pairs of images are stitched together to form the AP, lateral and bending views. 72052 typically consists of AP, lateral, bilateral oblique, flexion and extension views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72070**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Sept 2014	Sept 2014 & Apr 2016
IWPUT	0.0584	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	1	1
Total time	**5**	**6**
Vignette	An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.□□□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72072**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression fracture.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72074**	**71100**
Descriptor	Radiologic examination, spine; thoracic, minimum of 4 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72080**	**71100**
Descriptor	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracolumbar junction of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72100**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72110**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; minimum of 4 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and

	communicated to the referring physician as needed.	signed, and findings are communicated to the referring physician.□□□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72110 typically consists of AP, lateral and bilateral oblique views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72114**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	~~0.0506~~ 0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□
Work RVU	~~**0.32**~~ **0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72114 typically consists of AP, lateral, bilateral oblique and bending views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72120**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lumbar region.	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72020 Tracking Number Original Specialty Recommended RVU: **0.15**
Presented Recommended RVU: **0.15**
Global Period: XXX Current Work RVU: **0.15** RUC Recommended RVU: **0.15**

CPT Descriptor: Radiologic examination, spine, single view, specify level

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72020				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72020	**Recommended Physician Work RVU: 0.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
73551	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, femur; 1 view

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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72020	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72020

Our expert panel recommends maintaining the current value of 72020 at 0.15 RVU with service period times of 1, 3, and 1 minutes.

Code 72020 *[Radiologic examination, spine, single view, specify level]* is an X-ray procedure most often used to check for vertebral alignment or for pre- and post-surgical assessment of the cervical spine. These clinical scenarios are similar to that of the single view femur radiograph, our proposed cross walk, CPT code 73551 *[Radiologic examination, femur; 1 view]*. The pre-service, intra-service and post-service times are the same.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72020	**X-ray, spine, single view, specify level**	**0.15**	**1**	**3**	**1**	**5**	**0.0351**	**Apr 2017**
73551	X-ray, femur; 1 view	0.16	1	3	1	5	0.0384	Apr 2015

MPC for CPT Code for 72020

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, is also a one- view exam. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service which are necessary for evaluating a larger section of the spine compared to 72020.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72020	**X-ray, spine, single view, specify level**	**0.15**	**1**	**3**	**1**	**5**	**0.0351**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72020 at 0.15 RVU, with service period times of 1, 3, and 1 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) 72020

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 533808
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 72020 provided nationally in a one-year period is estimated to be 533,808.

Specialty Diagnostic Radiology Frequency 426518 Percentage 79.90 %

Specialty Orthopedic Surgery Frequency 42024 Percentage 7.87 %

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? 177,936 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 the CPT code 72020 is billed approximately 177,936 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 142173 Percentage 79.90 %

Specialty Orthopedic Surgery Frequency 14008 Percentage 7.87 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72020

If this code is a new/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:72040 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine, cervical; 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72040				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72040	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72040	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72040

Our expert panel recommends maintaining the current value of 72040 at 0.22 RVU with service period times of 1, 3, and 2 minutes.

Code 72040 *[Radiologic examination, spine, cervical; 2 or 3 views]* is an invaluable tool to evaluate for injury, assess for degenerative changes and causes of neck pain, check alignment after reduction, or may be used for surgical planning.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views]*, is a similar multi-view examination with identical total time. The crosswalk does have 1 minute more of intra-service time, most likely secondary to the difficulty in viewing the ribs as their gracile configuration makes evaluation difficult.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72040	**X-ray, spine, cervical; 2 or 3 views**	**0.22**	**1**	**3**	**2**	**6**	**0.0509**	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72040

Our proposed MPC 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]* is a one-view exam. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service which are necessary for evaluating a larger section of the spine compared to 72040.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72040	**X-ray, spine, cervical; 2 or 3 views**	**0.22**	**1**	**3**	**2**	**6**	**0.0509**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72040 at 0.22 RVU, with service period times of 1, 3, and 2 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) 72040

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1865880
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 72040 provided nationally in a one-year period is estimated to be 1,865,880.

Specialty Diagnostic Radiology Frequency 1046183 Percentage 56.06 %

Specialty Orthopedic Surgery Frequency 356340 Percentage 19.09 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 621,960 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 the CPT code 72040 is billed approximately 621,960 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 348728 Percentage 56.06 %

Specialty Orthopedic Surgery Frequency 118780 Percentage 19.09 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72040

If this code is a new/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:72050 Tracking Number Original Specialty Recommended RVU: **0.31**
Presented Recommended RVU: **0.31**
Global Period: XXX Current Work RVU: **0.31** RUC Recommended RVU: **0.31**

CPT Descriptor: Radiologic examination, spine, cervical; 4 or 5 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72050				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72050	**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:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72050	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	5.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**7.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72050

Our expert panel recommends maintaining the current value of 72050 at 0.31 RVU with service period times of 1, 5, and 2 minutes.

Code 72050 *[Radiologic examination, spine, cervical; 4 or 5 views]* is a more comprehensive radiograph to evaluate for injury or assess for degenerative changes and causes for neuropathy.

Our proposed crosswalk, CPT code 72082 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views]*, is also a multi-view examination, but primarily used to assess spinal curvature and vertebral alignment.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72050	**X-ray, spine, cervical; 4 or 5 views**	**0.31**	**1**	**5**	**2**	**8**	**0.0486**	**Apr 2017**
72082	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 2 or 3 views	0.31	1	6	1	8	0.0442	Jan 2015

MPC for CPT Code 72050

Our proposed MPC code is 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*. The pre-service and intra-service times are the same between these 2 codes.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72050	**X-ray, spine, cervical; 4 or 5 views**	**0.31**	**1**	**5**	**2**	**8**	**0.0486**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72050 at 0.31 RVU, with service period times of 1, 5, and 2 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) 72050

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1192110
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 72050 provided nationally in a one-year period is estimated to be 1,192,110.

Specialty Diagnostic Radiology Frequency 861184 Percentage 72.24 %

Specialty Orthopedic Surgery Frequency 126394 Percentage 10.60 %

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? 397,370 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 72050 is billed approximately 397,370 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 287061 Percentage 72.24 %

Specialty Orthopedic Surgery Frequency 42131 Percentage 10.60 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72050

If this code is a new/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:72052 Tracking Number Original Specialty Recommended RVU: **0.35**
Presented Recommended RVU: **0.35**
Global Period: XXX Current Work RVU: **0.36** RUC Recommended RVU: **0.35**

CPT Descriptor: Radiologic examination, spine, cervical; 6 or more views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72052		
Sample Size: 0	**Resp N:** 0	**Response:** 0.0 %	
Description of Sample:			

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72052	**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:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72052	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	5.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**7.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72052

Our expert panel recommends a value of 0.35 RVU for CPT code 72052 with service period times of 1, 5, and 2 minutes. This wRVU is a reduction from the current value of 0.36.

Code 72052 *[Radiologic examination, spine, cervical; 6 or more views]* is a more comprehensive radiograph to evaluate for injury or assess for degenerative changes and causes for neuropathy.

Our proposed crosswalk, CPT code 72083 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views]*, is also a multi-view examination, but primarily used to assess spinal curvature and vertebral alignment. The 2 minutes more of intra-service time for the crosswalk code is simply a factor of the number of images.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72052	**X-ray, spine, cervical; 6 or more views**	**0.35**	**1**	**5**	**2**	**8**	**0.0566**	**Apr 2017**
72083	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 4 or 5 views	0.35	1	7	1	9	0.0436	Jan 2015

MPC for CPT Code 72052

Our proposed MPC code is 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*. The pre-service and intra-service times are the same between these 2 codes.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72052	**X-ray, spine, cervical; 6 or more views**	**0.35**	**1**	**5**	**2**	**8**	**0.0566**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends a reduction from current value from 0.36 to 0.35 RVU for 72052, with service period times of 1, 5, and 2 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) 72052

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 295788
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 72052 provided nationally in a one-year period is estimated to be 295,788.

Specialty Diagnostic Radiology Frequency 213343 Percentage 72.12 %

Specialty Orthopedic Surgery Frequency 28197 Percentage 9.53 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 98,596 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 72052 is billed approximately 98,596 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 71114 Percentage 72.12 %

Specialty Orthopedic Surgery Frequency 9399 Percentage 9.53 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
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 72052

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72070 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracic, 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.

Percentage of Survey Respondents who found Vignette to be Typical: 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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72070				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	72070	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72070	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72070

Our expert panel recommends maintaining the current value of 72070 at 0.22 RVU with service period times of 1, 3, and 1 minutes.

Code 72070 *[Radiologic examination, spine; thoracic, 2 views]* is an invaluable tool to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views],* is a similar multi-view examination. The crosswalk does have 1 minute more of intra-service time, most likely secondary to the difficulty in viewing the ribs, as their gracile configuration makes evaluation difficult.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72070	**X-ray, spine; thoracic, 2 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72070

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, is a one-view exam. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service, which are necessary for evaluating a larger section of the spine compared to 72070.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72070	**X-ray, spine; thoracic, 2 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72070 at 0.22 RVU, with service period times of 1, 3, and 1 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) 72070

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 932277
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 72070 provided nationally in a one-year period is estimated to be 932,277.

Specialty Diagnostic Radiology Frequency 593970 Percentage 63.71 %

Specialty Orthopedic Surgery Frequency 101247 Percentage 10.86 %

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? 310,759 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 the CPT code 72070 is billed approximately 310,759 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 197990 Percentage 63.71 %

Specialty Orthopedic Surgery Frequency 33749 Percentage 10.86 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72070

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72072 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracic, 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression fracture.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72072				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72072	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72072	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	4.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**6.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72072

Our expert panel recommends maintaining the current value of 72072 at 0.22 RVU with service period times of 1, 4, and 1 minutes.

Code 72072 *[Radiologic examination, spine; thoracic, 3 views]* is an invaluable tool to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views]*, is a similar multi-view examination. The crosswalk does have identical service period times and IWPUT as 72072.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72072	**X-ray, spine; thoracic, 3 views**	**0.22**	**1**	**4**	**1**	**6**	**0.0438**	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72072

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, is a one-view exam. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 1 more minute of intra-service which is necessary for evaluating a larger section of the spine compared to 72072.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72072	**X-ray, spine; thoracic, 3 views**	**0.22**	**1**	**4**	**1**	**6**	**0.0438**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72072 at 0.22 RVU, with service period times of 1, 4, and 1 minute.

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) 72072

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 611151
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 72072 provided nationally in a one-year period is estimated to be 611,151.

Specialty Diagnostic Radiology Frequency 555965 Percentage 90.97 %

Specialty Orthopedic Surgery Frequency 3550 Percentage 0.58 %

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? 203,717 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 72072 is billed approximately 203,717 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 185322 Percentage 90.97 %

Specialty Orthopedic Surgery Frequency 1183 Percentage 0.58 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72072

If this code is a new/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:72074 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracic, minimum of 4 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72074				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	72074	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72074	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	4.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**6.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72074

Our expert panel recommends maintaining the current value of 72074 at 0.22 RVU with service period times of 1, 4, and 1 minutes.

Code 72074 *[Radiologic examination, spine; thoracic, minimum of 4 views]* is an invaluable tool to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views]*, is a similar multi-view examination. The crosswalk code has identical service period times and IWPUT as 72074.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72074	**X-ray, spine; thoracic, min 4 views**	**0.22**	**1**	**4**	**1**	**6**	0.0438	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72074

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, has fewer views compared to 72074. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 1 more minute of intra-service which is necessary for evaluating a larger section of the spine compared to 72074.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72074	**X-ray, spine; thoracic, min 4 views**	**0.22**	**1**	**4**	**1**	**6**	0.0438	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72074 at 0.22 RVU, with service period times of 1, 4, and 1 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) 72074

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 47589
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 72074 provided nationally in a one-year period is estimated to be 47,589.

Specialty Diagnostic Radiology Frequency 41435 Percentage 87.06 %

Specialty Orthopedic Surgery Frequency 540 Percentage 1.13 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,863 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 the CPT code 72074 is billed approximately 15,863 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 13812 Percentage 87.07 %

Specialty Orthopedic Surgery Frequency 180 Percentage 1.13 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 72074

If this code is a new/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:72080 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracolumbar junction, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the thoracolumbar junction of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72080				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72080	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72080	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	4.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**6.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72080

Our expert panel recommends maintaining the current value of 72080 at 0.22 RVU, with service period times of 1, 4, and 1 minutes.

Code 72080 *[Radiologic examination, spine; thoracolumbar junction, minimum of 2 views]* is an invaluable tool to evaluate spinal hardware, evaluate for spine injury, assess for degenerative changes and causes for neuropathy.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views]*, is a similar multi-view examination. The crosswalk has identical service period times and IWPUT as 72080.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72080	**X-ray, spine; thoracolumbar, min 2 views**	**0.22**	**1**	**4**	**1**	**6**	**0.0438**	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72080

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, has fewer views compared to 72080. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 1 more minute of intra-service which is necessary for evaluating a larger section of the spine compared to 72080.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72080	**X-ray, spine; thoracolumbar, min 2 views**	**0.22**	**1**	**4**	**1**	**6**	**0.0438**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72080 at 0.22 RVU, with service period times of 1, 4, and 1 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) 72080

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 141651
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 72080 provided nationally in a one-year period is estimated to be 141,651.

Specialty Diagnostic Radiology Frequency 84071 Percentage 59.35 %

Specialty Orthopedic Surgery Frequency 35389 Percentage 24.98 %

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? 47,217 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 72080 is billed approximately 47,217 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 28024 Percentage 59.35 %

Specialty Orthopedic Surgery Frequency 11796 Percentage 24.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 72080

If this code is a new/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:72100 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine, lumbosacral; 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72100				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72100	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72100	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72100

Our expert panel recommends maintaining the current value of 72100 at 0.22 RVU with service period times of 1, 3, and 2 minutes.

Code 72100 *[Radiologic examination, spine, lumbosacral; 2 or 3 views]* is an invaluable tool to evaluate for spine injury, assess for degenerative changes and causes for neuropathy and back pain.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views]*, is a similar multi-view examination with identical total time. The crosswalk does have 1 minute more of intra-service time, most likely secondary to the difficulty in viewing the ribs as their gracile configuration makes evaluation difficult.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72100	**X-ray, spine, lumbosacral; 2 or 3 views**	**0.22**	**1**	**3**	**2**	**6**	**0.0509**	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72100

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, has fewer views compared to 72100. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service which are necessary for evaluating a larger section of the spine compared to 72100.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72100	**X-ray, spine, lumbosacral; 2 or 3 views**	**0.22**	**1**	**3**	**2**	**6**	**0.0509**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72100 at 0.22 RVU, with service period times of 1, 3, and 2 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) 72100

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5644287
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 72100 provided nationally in a one-year period is estimated to be 5,644,287.

Specialty Diagnostic Radiology Frequency 3213908 Percentage 56.94 %

Specialty Orthopedic Surgery Frequency 1223937 Percentage 21.68 %

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? 1,881,429 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 72100 is billed approximately 1,881,429 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1071303 Percentage 56.94 %

Specialty Orthopedic Surgery Frequency 407979 Percentage 21.68 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72100

If this code is a new/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:72110 Tracking Number Original Specialty Recommended RVU: **0.31**
Presented Recommended RVU: **0.31**
Global Period: XXX Current Work RVU: **0.31** RUC Recommended RVU: **0.31**

CPT Descriptor: Radiologic examination, spine, lumbosacral; minimum of 4 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with trauma to the lumbosacral spine from an auto accident.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72110				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72110	**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:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72110	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	5.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**7.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72110

Our expert panel recommends maintaining the current value of 72110 at 0.31 RVU with service period times of 1, 5, and 2 minutes.

Code 72110 *[Radiologic examination, spine, lumbosacral; minimum of 4 views]* is an invaluable tool to evaluate for spine injury, assess for degenerative changes and causes for neuropathy.

Our proposed crosswalk, CPT code 72082 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views],* is a similar multi-view examination but is primarily used to assess spinal curvature and vertebral alignment. The 1 minute greater intra-service time for the crosswalk code is simply a factor of the number of images.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72110	**X-ray, spine, lumbosacral; min 4 views**	**0.31**	**1**	**5**	**2**	**8**	**0.0486**	**Apr 2017**
72082	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 2 or 3 views	0.31	1	6	1	8	0.0442	Jan 2015

MPC for CPT Code 72110

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, also images the spine, but is primarily used to assess spinal curvature and vertebral alignment. Additionally, 72110 has more views/projections.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72110	**X-ray, spine, lumbosacral; min 4 views**	**0.31**	**1**	**5**	**2**	**8**	**0.0486**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72110 at 0.31 RVU, with service period times of 1, 5, and 2 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) 72110

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2614932
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 72110 provided nationally in a one-year period is estimated to be 2,614,932

Specialty Diagnostic Radiology Frequency 1804373 Percentage 69.00 %

Specialty Orthopedic Surgery Frequency 368166 Percentage 14.07 %

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? 871,644 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72110 provided nationally in a one-year period is estimated to be 871,644.

Specialty Diagnostic Radiology Frequency 601458 Percentage 69.00 %

Specialty Orthopedic Surgery Frequency 122722 Percentage 14.07 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72110

If this code is a new/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:72114 Tracking Number Original Specialty Recommended RVU: **0.31**
Presented Recommended RVU: **0.31**
Global Period: XXX Current Work RVU: **0.32** RUC Recommended RVU: **0.31**

CPT Descriptor: Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72114				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72114	**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:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72114	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	5.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**7.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
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72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72114

Our expert panel recommends a value of 0.31 RVU for CPT code 72114 with service period times of 1, 5, and 2 minutes. This wRVU is a reduction from the current value of 0.32.

Code 72114 *[Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views]* is an invaluable tool to evaluate for spine injury, evaluate spine alignment and instability, assess for degenerative changes and causes for neuropathy.

Our proposed crosswalk, CPT code 72082 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views]*, is a similar multi-view examination, but primarily used to assess spinal curvature and vertebral alignment. The 1 minute more of intra-service time for the crosswalk code is simply a factor of the number of images.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72114	**X-ray, spine, lumbosacral; complete, including bending views, min 6 views**	**0.31**	**1**	**5**	**2**	**8**	**0.0486**	**Apr 2017**
72082	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 2 or 3 views	0.31	1	6	1	8	0.0442	Jan 2015

MPC for CPT Code 72114

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]*, also images the spine, but is primarily used to assess spinal curvature and vertebral alignment.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72114	**X-ray, spine, lumbosacral; complete, including bending views, min 6 views**	**0.31**	**1**	**5**	**2**	**8**	**0.0486**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends a reduction in current wRVU from 0.32 to 0.31 wRVU for 72114, with service period times of 1, 5, and 2 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) 72114

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 284985
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 72114 provided nationally in a one-year period is estimated to be 284,985.

Specialty Diagnostic Radiology Frequency 162884 Percentage 57.15 %

Specialty Orthopedic Surgery Frequency 63904 Percentage 22.42 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 94,995 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 72114 is billed approximately 94,995 times total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiplogy Frequency 54295 Percentage 57.15 %

Specialty Orthopedic Surgery Frequency 21301 Percentage 22.42 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72114

If this code is a new/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:72120 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology				
CPT Code:	72120				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72120	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
72081	XXX	0.26	**RUC Time**	

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

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
71100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72120	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-Ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-Ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120).

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, and the American Academy of Orthopedic Surgeons believe the below proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for two of the codes, 72052 and 72114. For these two codes, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Pre, Intra, and Post Service Times

The panel recommends the following service period times for the twelve codes as summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	X-ray, spine, single view, specify level	0.15	1	3	1	5	0.0351
72040	X-ray, spine, cervical; 2 or 3 views	0.22	1	3	2	6	0.0509
72070	X-ray, spine; thoracic, 2 views	0.22	1	3	1	5	0.0584
72072	X-ray, spine; thoracic, 3 views	0.22	1	4	1	6	0.0438
72074	X-ray, spine; thoracic, min 4 views	0.22	1	4	1	6	0.0438
72080	X-ray, spine; thoracolumbar, min 2 views	0.22	1	4	1	6	0.0438
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	1	3	2	6	0.0509
72120	X-ray, spine, lumbosacral; bending 2 or 3 views	0.22	1	3	2	6	0.0509
72050	X-ray, spine, cervical; 4 or 5 views	0.31	1	5	2	8	0.0486
72110	X-ray, spine, lumbosacral; min 4 views	0.31	1	5	2	8	0.0486
72114	X-ray, spine, lumbosacral; min 6 views	0.31	1	5	2	8	0.0486
72052	X-ray, spine, cervical; 6 or more views	0.35	1	5	2	8	0.0566

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain appropriate relativity across the family.

CPT Code	Long Descriptor	2017 Work RVUs	Global Period	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
72020	Radiologic examination, spine, single view, specify level	0.15	XXX	1	3	1	5	0.0351	RUC	April 2017
73551	Radiologic examination, femur; 1 view	0.16	XXX	1	3	1	5	0.0384	RUC	Apr 2015
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	Sept 2014 & Apr 2016
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72070	Radiologic examination, spine; thoracic, 2 views	0.22	XXX	1	3	1	5	0.0584	RUC	April 2017
72072	Radiologic examination, spine; thoracic, 3 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72074	Radiologic examination, spine; thoracic, minimum 4 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum 2 views	0.22	XXX	1	4	1	6	0.0438	RUC	April 2017
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	XXX	1	3	2	6	0.0509	RUC	April 2017
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 2 or 3 views	0.31	XXX	1	6	1	8	0.0442	RUC	Jan 2015
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	XXX	1	5	2	8	0.0486	RUC	April 2017
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (scoliosis evaluation); 4 or 5 views	0.35	XXX	1	7	1	9	0.0436	RUC	Oct 2014
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	XXX	1	5	2	8	0.0566	RUC	April 2017

Summary of Recommendation for CPT Code 72120

Our expert panel recommends maintaining the current value of 72120 at 0.22 RVU with service period times of 1, 3, and 2 minutes.

Code 72120 *[Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views]* is an invaluable tool to evaluate for spine alignment and instability.

Our proposed crosswalk, CPT code 71100 *[Radiologic examination, ribs, unilateral; 2 views]*, is a similar multi-view examination with identical total time. The crosswalk does have 1 minute more of intra-service time most likely secondary to the difficulty in viewing the ribs as their gracile configuration makes evaluation difficult.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72120	**X-ray, spine, lumbosacral; bending views, 2 or 3 views**	**0.22**	**1**	**3**	**2**	**6**	**0.0509**	**Apr 2017**
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6	0.0438	Sept 2014 & Apr 2016

MPC for CPT Code 72120

Our proposed MPC, 72081 *[Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view]* has fewer views compared to 72120. However, it evaluates a larger section of the spine. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service which are necessary for evaluating a larger section of the spine compared to 72120.

CPT Code	Short Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC Mtg
72120	**X-ray, spine, lumbosacral; bending views, 2 or 3 views**	**0.22**	**1**	**3**	**2**	**6**	**0.0509**	**Apr 2017**
72081	X-ray, spine, entire thoracic and lumbar, including skull or cervical; 1 view	0.26	1	5	1	7	0.0430	Jan 2015

Summary:

In summary, our expert panel recommends maintaining the current value of 72120 at 0.22 RVU, with service period times of 1, 3, and 2 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) 72120

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 126279
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 72120 provided nationally in a one-year period is estimated to be 126,279.

Specialty Diagnostic Radiology Frequency 64176 Percentage 50.82 %

Specialty Orthopedic Surgery Frequency 38848 Percentage 30.76 %

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? 42,093 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 the CPT code 72120 is billed approximately 42,093 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 21392 Percentage 50.82 %

Specialty Orthopedic Surgery Frequency 12949 Percentage 30.76 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 72120

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Spine

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Apr-15	73551	Radiologic examination, femur; 1 view		0.0384			0.16			5	1					3			1
CMS/Other	72020	Radiologic examination, spine, single view, specify level		#DIV/0!			0.15			5									
REC	72020	Radiologic examination, spine, single view, specify level		0.0351			0.15			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
Jan-12	72040	Radiologic examination, spine, cervical; 2 or 3 views		0.0509			0.22			6	1					3			2
REC	72040	Radiologic examination, spine, cervical; 2 or 3 views		0.0584			0.22			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Jan-15	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		0.0442			0.31			8	1					6			1
Jan-12	72050	Radiologic examination, spine, cervical; 4 or 5 views		0.0486			0.31			8	1					5			2
REC	72050	Radiologic examination, spine, cervical; 4 or 5 views		0.0530			0.31			7	1					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
Jan-15	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views		0.0436			0.35			9	1					7			1
Jan-12	72052	Radiologic examination, spine, cervical; 6 or more views		0.0586			0.36			8	1					5			2
REC	72052	Radiologic examination, spine, cervical; 6 or more views		0.0610			0.35			7	1					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
47						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
48	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
49	Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
51	Sep-14	72070	Radiologic examination, spine; thoracic, 2 views		0.0584			0.22			5	1					3			1
53	REC	72070	Radiologic examination, spine; thoracic, 2 views		0.0584			0.22			5	1					3			1
54																				
55						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
56	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
57	Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
59	CMS/Other	72072	Radiologic examination, spine; thoracic, 3 views		#DIV/0!			0.22			6									
61	REC	72072	Radiologic examination, spine; thoracic, 3 views		0.0438			0.22			6	1					4			1
62																				
63						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
64	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
65	Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
67	CMS/Other	72074	Radiologic examination, spine; thoracic, minimum of 4 views		#DIV/0!			0.22			6									
69	REC	72074	Radiologic examination, spine; thoracic, minimum of 4 views		0.0438			0.22			6	1					4			1
70																				
71						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
72	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
73	Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
75	CMS/Other	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		#DIV/0!			0.22			6									
77	REC	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		0.0438			0.22			6	1					4			1
78																				

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
79						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
80	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
81	Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
83	Feb-11	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		0.0509			0.22			6	1					3			2
85	REC	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		0.0584			0.22			5	1					3			1
86																				
87						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
88	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
89	Jan-15	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		0.0442			0.31			8	1					6			1
91	Feb-11	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		0.0486			0.31			8	1					5			2
93	REC	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		0.0530			0.31			7	1					5			1
94																				
95						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
96	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
97	Jan-15	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		0.0442			0.31			8	1					6			1
99	Feb-11	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		0.0506			0.32			8	1					5			2
101	REC	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		0.0530			0.31			7	1					5			1
102																				
103						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
104	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
105	Sept-14 & Apr-16	71100	Radiologic examination, ribs, unilateral; 2 views		0.0438			0.22			6	1					4			1
107	Feb-11	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		0.0509			0.22			6	1					3			2
109	REC	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		0.0584			0.22			5	1					3			1

CPT Code: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, 72120
Specialty Society: ACR, AAOS, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

72020	Radiologic examination, spine, single view, specify level	**72074**	Radiologic examination, spine; thoracic, minimum of 4 views
72040	Radiologic examination, spine, cervical; 2 or 3 views	**72080**	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views
72050	Radiologic examination, spine, cervical; 4 or 5 views	**72100**	Radiologic examination, spine, lumbosacral; 2 or 3 views
72052	Radiologic examination, spine, cervical; 6 or more views	**72110**	Radiologic examination, spine, lumbosacral; minimum of 4 views
72070	Radiologic examination, spine; thoracic, 2 views	**72114**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
72072	Radiologic examination, spine; thoracic, 3 views	**72120**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views

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), American Academy of Orthopaedic Surgeons (AAOS), and the American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for the x-ray spine, CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, and 72120.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the codes you are making recommendations on are 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 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, 72120 on the spreadsheet to serve as a reference.

For each code, we also included the CPT code to which we are proposing to crosswalk the physician work.

Code	Descriptor	Work RVU	Crosswalk Code	Crosswalk Descriptor	Crosswalk Work RVU
72020	Radiologic examination, spine, single view, specify level	0.15	**73551**	Radiologic examination, femur; 1 view	0.16
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31

72052	Radiologic examination, spine, cervical; 6 or more views	0.35	**72083**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35
72070	Radiologic examination, spine; thoracic, 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72072	Radiologic examination, spine; thoracic, 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose pages (CA030):-** CMS finalized a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2017 MPFS Final Rule.
- **Review examination with interpreting MD/DO (CA031):** CMS finalized a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2017 MPFS Final Rule.
- **Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue. (CA032):** CMS finalized a standard of 1 minute as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2017 MPFS Final Rule.
- **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.

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:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment and supplies
- 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:*

Spine, all study types
Bring patient into x-ray room and have patient stand or lie on the x-ray table as appropriate. Place first cassette at patient's appropriate spine level. Position the patient's spine for the first view (typically an AP, lateral or bending view depending on study type). Stabilize spine with angle sponge/bolster to minimize motion as appropriate. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under spine. Repeat above steps as many times as necessary for the study type, starting with placing a new cassette for the next view. For example, a typical 3 view exam of the cervical spine would include AP, lateral and swimmer's views; a typical 4 view exam at any level would include AP, lateral and bilateral oblique views; and a typical 6 view exam at any level would include AP, lateral, bilateral oblique, and flexion/extension views. Once all views have been obtained, take all cassettes to the image reader. Run all cassettes through the reader. Check images for adequate exposure, positioning, coverage, etc. Repeat any views 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, basic radiology (EL012)** [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	F	H	J	L	N	P	R	T	V
1	RUC Practice Expense Spreadsheet				REFERENCE CODE	CURRENT	RECOMMENDED	EFERENCE COI	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	ECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines*			73551	72020	72020	71100	72040	72040	72082	72050	72050
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 20 - X-Ray Spine Specialty: ACR, AAOS, ASNR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination, femur; 1 view **(Apr. 2015)**	Radiologic examination, spine, single view, specify level **(Aug. 2003)**	Radiologic examination, spine, single view, specify level **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine, cervical; 2 or 3 views **(Jan 2012)**	Radiologic examination, spine, cervical; 2 or 3 views **(Apr. 2017)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan. 2015)**	Radiologic examination, spine, cervical; 4 or 5 views **(Jan 2012)**	Radiologic examination, spine, cervical; 4 or 5 views **(Apr. 2017)**
5		**LOCATION**			**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**20.0**	**12.0**	**16.0**	**21.0**	**20.0**	**21.0**	**40.0**	**28.0**	**30.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**12.0**	**16.0**	**21.0**	**20.0**	**21.0**	**36.0**	**28.0**	**30.0**
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**
11		**PRE-SERVICE PERIOD**											
12		**Start: Following visit when decision for surgery or procedure made**											
18	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	**2**						**2**		
19	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	**2**						**2**		
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)											
27		**End: When patient enters office/facility for surgery/procedure**											
28		**SERVICE PERIOD**											
29		**Start: When patient enters office/facility for surgery/procedure:**											
30		**Pre-Service (of service period)**											
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**
32	CA010	Obtain vital signs											
33	CA011	Provide education/obtain consent											
34	CA012	Review requisition, assess for special needs											
35	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	**1**	**1**	**1**	**2**	**1**	**2**	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam											
37	CA015	Setup scope (nonfacility setting only)											
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	**1**	**1**	**1**	**2**	**1**	**2**	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia											
46		**Intra-service (of service period)**											
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)											
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)											
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)											
50	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	**3**	**3**	**3**	**6**	**9**	**9**	**21**	**15**	**15**

	A	B	D	E	F	H	J	L	N	P	R	T	V
1	RUC Practice Expense Spreadsheet				REFERENCE CODE	CURRENT	RECOMMENDED	EFERENCE COI	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	ECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines*			73551	72020	72020	71100	72040	72040	72082	72050	72050
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 20 - X-Ray Spine Specialty: ACR, AAOS, ASNR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination, femur; 1 view **(Apr. 2015)**	Radiologic examination, spine, single view, specify level **(Aug. 2003)**	Radiologic examination, spine, single view, specify level **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine, cervical; 2 or 3 views **(Jan 2012)**	Radiologic examination, spine, cervical; 2 or 3 views **(Apr. 2017)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan. 2015)**	Radiologic examination, spine, cervical; 4 or 5 views **(Jan 2012)**	Radiologic examination, spine, cervical; 4 or 5 views **(Apr. 2017)**
5		**LOCATION**			**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**20.0**	**12.0**	**16.0**	**21.0**	**20.0**	**21.0**	**40.0**	**28.0**	**30.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**12.0**	**16.0**	**21.0**	**20.0**	**21.0**	**36.0**	**28.0**	**30.0**
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**
57		**Post-Service (of service period)**											
58	CA022	Monitor patient following procedure/service, multitasking 1:4											
59	CA023	Monitor patient following procedure/service, no multitasking											
60	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	**3**	**2**	**3**	**3**	**2**	**3**	**3**	**2**	**3**
61	CA025	Clean scope											
62	CA026	Clean surgical instrument package											
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions											
64	CA028	Review/read post-procedure x-ray, lab and pathology reports											
65	CA029	Check dressings, catheters, wounds											
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	**2**	**2**	**2**	**2**	**4**	**2**	**2**	**6**	**2**
67	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	**2**		**2**	**2**		**2**	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	**1**		**1**	**1**		**1**	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)											
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)											
71	CA035	Review home care instructions, coordinate visits/prescriptions											
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**											
80		**POST-SERVICE PERIOD**											
81		**Start: Patient leaves office/facility**											
97		**End: with last office visit before end of global period**											
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
99	**SB026**	gown, patient	0.533	item	**1**	**1**	**1**	**1**	**1**		**1**	**1**	**1**
100	**SK044**	lamination sheet (letter size)	0.666	item									
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*											
106	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**									
107	**ED053**	Professional PACS Workstation	14616.93	Other Formula	**4**	**3**	**4**	**5**	**4**	**4**	**7**	**6**	**6**
108	**EL012**	room, basic radiology	127750	Highly Technical Equipment Formula	**10**	**12**	**10**	**15**	**13**	**18**	**30**	**19**	**24**
109	**ED050**	PACS Workstation Proxy	5557	Other Formula	**16**	**12**	**16**	**21**	**20**	**21**	**36**	**28**	**30**
110	**ED032**	printer, laser, paper	1199										

	A	B	X	Z	AB	AD	AF	AH	AJ	AL	AN
1	RUC Practice Expense Spreadsheet		REFERENCE CODE	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines	72083	72052	72052	71100	72070	72070	71100	72072	72072
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 20 - X-Ray Spine Specialty: ACR, AAOS, ASNR**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views **(Jan 2015)**	Radiologic examination, spine, cervical; 6 or more views **(Jan 2012)**	Radiologic examination, spine, cervical; 6 or more views **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine; thoracic, 2 views **(Sept. 2014)**	Radiologic examination, spine; thoracic, 2 views **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine; thoracic, 3 views **(Aug. 2003)**	Radiologic examination, spine; thoracic, 3 views **(Apr. 2017)**
5		**LOCATION**	**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**48.0**	**36.0**	**36.0**	**21.0**	**21.0**	**21.0**	**21.0**	**20.0**	**24.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**44.0**	**36.0**	**36.0**	**21.0**	**21.0**	**21.0**	**21.0**	**20.0**	**24.0**
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**
11		**PRE-SERVICE PERIOD**									
12		**Start: Following visit when decision for surgery or procedure made**									
18	CA006	Confirm availability of prior images/studies	**2**								
19	CA007	Review patient clinical extant information and questionnaire	**2**								
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)									
27		**End: When patient enters office/facility for surgery/procedure**									
28		**SERVICE PERIOD**									
29		**Start: When patient enters office/facility for surgery/procedure:**									
30		**Pre-Service (of service period)**									
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
32	CA010	Obtain vital signs									
33	CA011	Provide education/obtain consent									
34	CA012	Review requisition, assess for special needs									
35	CA013	Prepare room, equipment and supplies	**2**	**1**	**2**	**2**	**2**	**2**	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam									
37	CA015	Setup scope (nonfacility setting only)									
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**2**	**1**	**2**	**2**	**2**	**2**	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia									
46		**Intra-service (of service period)**									
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)									
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)									
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)									
50	CA021	Perform procedure/service---NOT directly related to physician work time	**29**	**21**	**21**	**6**	**6**	**6**	**6**	**9**	**9**

	A	B	X	Z	AB	AD	AF	AH	AJ	AL	AN
1	RUC Practice Expense Spreadsheet		REFERENCE CODE	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines*	72083	72052	72052	71100	72070	72070	71100	72072	72072
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 20 - X-Ray Spine Specialty: ACR, AAOS, ASNR**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views **(Jan 2015)**	Radiologic examination, spine, cervical; 6 or more views **(Jan 2012)**	Radiologic examination, spine, cervical; 6 or more views **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine; thoracic, 2 views **(Sept. 2014)**	Radiologic examination, spine; thoracic, 2 views **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine; thoracic, 3 views **(Aug. 2003)**	Radiologic examination, spine; thoracic, 3 views **(Apr. 2017)**
5		**LOCATION**	**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**48.0**	**36.0**	**36.0**	**21.0**	**21.0**	**21.0**	**21.0**	**20.0**	**24.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**44.0**	**36.0**	**36.0**	**21.0**	**21.0**	**21.0**	**21.0**	**20.0**	**24.0**
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**
57		**Post-Service (of service period)**									
58	CA022	Monitor patient following procedure/service, multitasking 1:4									
59	CA023	Monitor patient following procedure/service, no multitasking									
60	CA024	Clean room/equipment by clinical staff	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**2**	**3**
61	CA025	Clean scope									
62	CA026	Clean surgical instrument package									
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
64	CA028	Review/read post-procedure x-ray, lab and pathology reports									
65	CA029	Check dressings, catheters, wounds									
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**2**	**8**	**2**	**2**	**2**	**2**	**2**	**4**	**2**
67	CA031	Review examination with interpreting MD/DO	**2**		**2**	**2**	**2**	**2**	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**1**		**1**	**1**	**1**	**1**	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)									
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)									
71	CA035	Review home care instructions, coordinate visits/prescriptions									
72	CA036	Discharge day management	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**									
80		**POST-SERVICE PERIOD**									
81		**Start: Patient leaves office/facility**									
97		**End: with last office visit before end of global period**									
98	**Medical Supply Code**	**MEDICAL SUPPLIES**									
99	**SB026**	gown, patient	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
100	**SK044**	lamination sheet (letter size)									
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
106	**Equipment Code**	**EQUIPMENT**									
107	**ED053**	Professional PACS Workstation	**8**	**6**	**6**	**5**	**4**	**4**	**5**	**3**	**5**
108	**EL012**	room, basic radiology	**38**	**25**	**30**	**15**	**15**	**15**	**15**	**20**	**18**
109	**ED050**	PACS Workstation Proxy	**44**	**36**	**36**	**21**	**21**	**21**	**21**	**20**	**24**
110	**ED032**	printer, laser, paper									

	A	B	AP	AR	AT	AV	AX	AZ	BB	BD	BF
1	RUC Practice Expense Spreadsheet		REFERENCE CODE	CURRENT	RECOMMENDED	EFERENCE COD	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	71100	72074	72074	71100	72080	72080	71100	72100	72100
3		*RUC Collaboration Website*									
4	Clinical Activity Code	Meeting Date: April 2017 Tab: 20 - X-Ray Spine Specialty: ACR, AAOS, ASNR	Radiologic examination, ribs, unilateral; 2 views (Sept. 2014 & Apr 2016)	Radiologic examination, spine; thoracic, minimum of 4 views (Aug. 2003)	Radiologic examination, spine; thoracic, minimum of 4 views (Apr. 2017)	Radiologic examination, ribs, unilateral; 2 views (Sept. 2014 & Apr 2016)	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (Aug. 2003)	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (Apr. 2017)	Radiologic examination, ribs, unilateral; 2 views (Sept. 2014 & Apr 2016)	Radiologic examination, spine, lumbosacral; 2 or 3 views (Feb. 2011)	Radiologic examination, spine, lumbosacral; 2 or 3 views (Apr. 2017)
5		LOCATION	Non Fac	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	XXX
7		TOTAL CLINICAL STAFF TIME	21.0	24.0	27.0	21.0	16.0	18.0	21.0	20.0	21.0
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
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	21.0	24.0	27.0	21.0	16.0	18.0	21.0	20.0	21.0
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
11		PRE-SERVICE PERIOD									
12		Start: Following visit when decision for surgery or procedure made									
18	CA006	Confirm availability of prior images/studies									
19	CA007	Review patient clinical extant information and questionnaire									
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)									
27		End: When patient enters office/facility for surgery/procedure									
28		SERVICE PERIOD									
29		Start: When patient enters office/facility for surgery/procedure:									
30		Pre-Service (of service period)									
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3	3	3	3	3		3	3	
32	CA010	Obtain vital signs									
33	CA011	Provide education/obtain consent									
34	CA012	Review requisition, assess for special needs									
35	CA013	Prepare room, equipment and supplies	2	1	2	2	1	2	2	1	2
36	CA014	Confirm order, protocol exam									
37	CA015	Setup scope (nonfacility setting only)									
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	1	2	2	1	2	2	1	2
39	CA017	Sedate/apply anesthesia									
46		Intra-service (of service period)									
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)									
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)									
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)									
50	CA021	Perform procedure/service---NOT directly related to physician work time	6	12	12	6	6	6	6	9	9

	A	B	AP	AR	AT	AV	AX	AZ	BB	BD	BF
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**	**CURRENT**	**RECOMMENDED**	**REFERENCE COD**	**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***	**71100**	**72074**	**72074**	**71100**	**72080**	**72080**	**71100**	**72100**	**72100**
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 20 - X-Ray Spine** **Specialty: ACR, AAOS, ASNR**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine; thoracic, minimum of 4 views **(Aug. 2003)**	Radiologic examination, spine; thoracic, minimum of 4 views **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views **(Aug. 2003)**	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views **(Apr. 2017)**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine, lumbosacral; 2 or 3 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; 2 or 3 views **(Apr. 2017)**
5		**LOCATION**	**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**21.0**	**24.0**	**27.0**	**21.0**	**16.0**	**18.0**	**21.0**	**20.0**	**21.0**
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**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**21.0**	**24.0**	**27.0**	**21.0**	**16.0**	**18.0**	**21.0**	**20.0**	**21.0**
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**
57		**Post-Service (of service period)**									
58	CA022	Monitor patient following procedure/service, multitasking 1:4									
59	CA023	Monitor patient following procedure/service, no multitasking									
60	CA024	Clean room/equipment by clinical staff	**3**	**2**	**3**	**3**	**2**	**3**	**3**	**2**	**3**
61	CA025	Clean scope									
62	CA026	Clean surgical instrument package									
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
64	CA028	Review/read post-procedure x-ray, lab and pathology reports									
65	CA029	Check dressings, catheters, wounds									
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**2**	**5**	**2**	**2**	**3**	**2**	**2**	**4**	**2**
67	CA031	Review examination with interpreting MD/DO	**2**		**2**	**2**		**2**	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**1**		**1**	**1**		**1**	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)									
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)									
71	CA035	Review home care instructions, coordinate visits/prescriptions									
72	CA036	Discharge day management	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**									
80		**POST-SERVICE PERIOD**									
81		**Start: Patient leaves office/facility**									
97		**End: with last office visit before end of global period**									
98	**Medical Supply Code**	**MEDICAL SUPPLIES**									
99	**SB026**	gown, patient	**1**	**1**	**1**	**1**	**1**		**1**	**1**	
100	**SK044**	lamination sheet (letter size)								**2**	
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
106	**Equipment Code**	**EQUIPMENT**									
107	**ED053**	Professional PACS Workstation	**5**	**3**	**5**	**5**	**3**	**5**	**5**	**4**	**4**
108	**EL012**	room, basic radiology	**15**	**24**	**21**	**15**	**16**	**15**	**15**	**13**	**18**
109	**ED050**	PACS Workstation Proxy	**21**	**24**	**27**	**21**	**16**	**18**	**21**	**20**	**21**
110	**ED032**	printer, laser, paper								**10**	

	A	B	BH	BJ	BL	BN	BP	BR
1	RUC Practice Expense Spreadsheet		REFERENCE CODE	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines*	72082	72110	72110	72082	72114	72114
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 20 - X-Ray Spine** **Specialty: ACR, AAOS, ASNR**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan. 2015)**	Radiologic examination, spine, lumbosacral; minimum of 4 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; minimum of 4 views **(Apr. 2017)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan. 2015)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **(Apr. 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**40.0**	**28.0**	**30.0**	**40.0**	**36.0**	**33.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**4.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**36.0**	**28.0**	**30.0**	**36.0**	**36.0**	**33.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**						
12		**Start: Following visit when decision for surgery or procedure made**						
18	CA006	Confirm availability of prior images/studies	**2**			**2**		
19	CA007	Review patient clinical extant information and questionnaire	**2**			**2**		
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
27		**End: When patient enters office/facility for surgery/procedure**						
28		**SERVICE PERIOD**						
29		**Start: When patient enters office/facility for surgery/procedure:**						
30		**Pre-Service (of service period)**						
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**	**3**	**3**	**3**	
32	CA010	Obtain vital signs						
33	CA011	Provide education/obtain consent						
34	CA012	Review requisition, assess for special needs						
35	CA013	Prepare room, equipment and supplies	**2**	**1**	**2**	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam						
37	CA015	Setup scope (nonfacility setting only)						
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**2**	**1**	**2**	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia						
46		**Intra-service (of service period)**						
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)						
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)						
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)						
50	CA021	Perform procedure/service---NOT directly related to physician work time	**21**	**15**	**15**	**21**	**21**	**21**

	A	B	BH	BJ	BL	BN	BP	BR
1	RUC Practice Expense Spreadsheet		REFERENCE CODE	CURRENT	RECOMMENDED	REFERENCE CODE	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines*	72082	72110	72110	72082	72114	72114
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 20 - X-Ray Spine** **Specialty: ACR, AAOS, ASNR**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan. 2015)**	Radiologic examination, spine, lumbosacral; minimum of 4 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; minimum of 4 views **(Apr. 2017)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan. 2015)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **(Apr. 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**40.0**	**28.0**	**30.0**	**40.0**	**36.0**	**33.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**4.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**36.0**	**28.0**	**30.0**	**36.0**	**36.0**	**33.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57		**Post-Service (of service period)**						
58	CA022	Monitor patient following procedure/service, multitasking 1:4						
59	CA023	Monitor patient following procedure/service, no multitasking						
60	CA024	Clean room/equipment by clinical staff	**3**	**2**	**3**	**3**	**2**	**3**
61	CA025	Clean scope						
62	CA026	Clean surgical instrument package						
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
64	CA028	Review/read post-procedure x-ray, lab and pathology reports						
65	CA029	Check dressings, catheters, wounds						
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**2**		**2**	**2**		**2**
67	CA031	Review examination with interpreting MD/DO	**2**	**6**	**2**	**2**	**8**	**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**1**		**1**	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)						
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)						
71	CA035	Review home care instructions, coordinate visits/prescriptions						
72	CA036	Discharge day management	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**						
80		**POST-SERVICE PERIOD**						
81		**Start: Patient leaves office/facility**						
97		**End: with last office visit before end of global period**						
98	**Medical Supply Code**	**MEDICAL SUPPLIES**						
99	**SB026**	gown, patient	**1**	**1**	**1**	**1**	**1**	
100	**SK044**	lamination sheet (letter size)		**4**			**6**	
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
106	**Equipment Code**	**EQUIPMENT**						
107	**ED053**	Professional PACS Workstation	**7**	**6**	**6**	**7**	**6**	**6**
108	**EL012**	room, basic radiology	**30**	**19**	**24**	**30**	**25**	**30**
109	**ED050**	PACS Workstation Proxy	**36**	**28**	**30**	**36**	**36**	**33**
110	**ED032**	printer, laser, paper		**10**			**10**	

	A	B	BT	BV	BX
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***	**71100**	**72120**	**72120**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 20 - X-Ray Spine** **Specialty: ACR, AAOS, ASNR**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views **(Apr 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**21.0**	**23.0**	**26.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**21.0**	**23.0**	**26.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**			
12		**Start: Following visit when decision for surgery or procedure made**			
18	CA006	Confirm availability of prior images/studies			
19	CA007	Review patient clinical extant information and questionnaire			
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)			
27		**End: When patient enters office/facility for surgery/procedure**			
28		**SERVICE PERIOD**			
29		**Start: When patient enters office/facility for surgery/procedure:**			
30		**Pre-Service (of service period)**			
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**	**3**
32	CA010	Obtain vital signs			
33	CA011	Provide education/obtain consent			
34	CA012	Review requisition, assess for special needs			
35	CA013	Prepare room, equipment and supplies	**2**	**2**	**2**
36	CA014	Confirm order, protocol exam			
37	CA015	Setup scope (nonfacility setting only)			
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**2**	**2**	**2**
39	CA017	Sedate/apply anesthesia			
46		**Intra-service (of service period)**			
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)			
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)			
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)			
50	CA021	Perform procedure/service---NOT directly related to physician work time	**6**	**11**	**11**

	A	B	BT	BV	BX
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***	**71100**	**72120**	**72120**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 20 - X-Ray Spine** **Specialty: ACR, AAOS, ASNR**	Radiologic examination, ribs, unilateral; 2 views **(Sept. 2014 & Apr 2016)**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views **(Feb. 2011)**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views **(Apr 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**21.0**	**23.0**	**26.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**21.0**	**23.0**	**26.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
57		**Post-Service (of service period)**			
58	CA022	Monitor patient following procedure/service, multitasking 1:4			
59	CA023	Monitor patient following procedure/service, no multitasking			
60	CA024	Clean room/equipment by clinical staff	**3**	**1**	**3**
61	CA025	Clean scope			
62	CA026	Clean surgical instrument package			
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			
64	CA028	Review/read post-procedure x-ray, lab and pathology reports			
65	CA029	Check dressings, catheters, wounds			
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**2**	**4**	**2**
67	CA031	Review examination with interpreting MD/DO	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)			
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)			
71	CA035	Review home care instructions, coordinate visits/prescriptions			
72	CA036	Discharge day management	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**			
80		**POST-SERVICE PERIOD**			
81		**Start: Patient leaves office/facility**			
97		**End: with last office visit before end of global period**			
98	**Medical Supply Code**	**MEDICAL SUPPLIES**			
99	**SB026**	gown, patient	**1**		
100	**SK044**	lamination sheet (letter size)		**3**	
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*			
106	**Equipment Code**	**EQUIPMENT**			
107	**ED053**	Professional PACS Workstation	**5**	**4**	**4**
108	**EL012**	room, basic radiology	**15**	**16**	**20**
109	**ED050**	PACS Workstation Proxy	**21**	**23**	**26**
110	**ED032**	printer, laser, paper		**10**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

X-Ray Sacrum

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 72220 *Radiologic examination, sacrum and coccyx, minimum of 2 views* was captured on this screen. The family was expanded to include CPT codes 72200 *Radiologic examination, sacroiliac joints; less than 3 views* and 72202 *Radiologic examination, sacroiliac joints; 3 or more views*. The Workgroup recommended the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time.

In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommendations in lieu of conducting a RUC survey. The Research Subcommittee had reviewed the recommendation made by the specialty societies to crosswalk times and values for these identified codes to other codes performed by the specialty societies. On the Research Subcommittee conference call, the specialty societies explained that when determining an appropriate crosswalk, they tried to find RUC reviewed codes that were similar in service and time, performed on similar anatomical site, required similar number of views and required similar patient positions. The Research Subcommittee agreed that the methodology employed by the specialty was appropriate for these services, noting past precedent of the Research Subcommittee approving a similar request for X-ray codes in 2010. As part of its discussion, the Subcommittee noted that it would not recommend for the specialty to propose using lower work RVU crosswalks to justify maintaining the value of higher work RVU codes.

72200 ***Radiologic examination, sacroiliac joints; less than 3 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 73610 *Radiologic examination, ankle; complete, minimum of 3 views* (work RVU of 0.17, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) and noted that both services should be valued similarly as both studies have identical intra-service and total times. In addition, CPT code72200 describes a less than 3 view examination of the sacroiliac joints, which typically would include an anteroposterior (AP) view of both sacroiliac joints and an oblique view of the symptomatic joint. The evaluation of both sacroiliac joints on the AP and one joint on the oblique view is similar to the

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evaluation of a unilateral ankle joint on 3 views for CPT code 73610. Therefore, the RUC recommends a direct work RVU crosswalk from code 73610 to 72200. **The RUC recommends a work RVU of 0.17 for CPT code 72200.**

72202 ***Radiologic examination, sacroiliac joints; 3 or more views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 73562 *Radiologic examination, knee; 3 views* (work RVU of 0.18, pre-service time of 1 minute, intra-service time of 4 minutes, post-service time of 1 minute) and noted that both services should be valued similarly as both studies have identical intra-service and total times. In addition, CPT code 72202 describes a minimum 3 view examination of both sacroiliac articulations, which is similar to the 3 view knee examination and CPT code 73562, evaluates both the patellofemoral and tibiofemoral articulations. Therefore, the RUC recommends a direct work RVU crosswalk from code 73562 to 72202. **The RUC recommends a work RVU of 0.18 for CPT code 72202.**

72220 ***Radiologic examination, sacrum and coccyx, minimum of 2 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared the code under review to CPT code 73630 *Radiologic examination, foot; complete, minimum of 3 views* (work RVU of 0.17, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) and noted that both services should be valued similarly as both studies have identical intra-service and total times. In addition, 72220 describes a minimum 2 view radiologic examinations of the 5 sacral segments and 4 coccygeal segments, which is typically performed as a 3 view study similar to the typical 3 view examination of the foot. Therefore, the RUC recommends a direct work RVU crosswalk from code 73630 to 72220. **The RUC recommends a work RVU of 0.17 for CPT code 72220.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
72200 **(f)**	Radiologic examination, sacroiliac joints; less than 3 views	XXX	0.17 (No Change)
72202 **(f)**	Radiologic examination, sacroiliac joints; 3 or more views	XXX	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	XXX	0.17 (No Change)

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April 5, 2017

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Re: X-Ray Crosswalks: Toe(s), Heel, Elbow & Forearm, Sacrum, Spine

Dear Dr. Smith,

The twenty codes listed below belong to families of x-ray codes identified by the CMS/Other utilization >100,000 screen. At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, the American Society for Surgery of the Hand, and the American Orthopaedic Foot and Ankle Society believe the proposed values for the x-ray services below are accurate and are supported by the following crosswalks to existing RUC surveyed codes.

Code	Descriptor	Proposed Work RVU	Crosswalk Code	Crosswalk Descriptor	Crosswalk Work RVU
73070	Radiologic examination, elbow; 2 views	0.15	**73600**	Radiologic examination, ankle; 2 views	0.16
73080	Radiologic examination, elbow; complete, minimum of 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
73090	Radiologic examination; forearm, 2 views	0.16	**73590**	Radiologic examination; tibia and fibula, 2 views	0.16
72200	Radiologic examination, sacroiliac joints; less than 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
72202	Radiologic examination, sacroiliac joints; 3 or more views	0.18	**73562**	Radiologic examination, knee; 3 views	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	0.17	**73630**	Radiologic examination, foot; complete, minimum of 3 views	0.17
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	**73600**	Radiologic examination, ankle; 2 views	0.16

73660	Radiologic examination; toe(s), minimum of 2 views	0.13	**73140**	Radiologic examination, finger(s), minimum of 2 views	0.13
72020	Radiologic examination, spine, single view, specify level	0.15	**73551**	Radiologic examination, femur; 1 view	0.16
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	**72083**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35
72070	Radiologic examination, spine; thoracic, 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72072	Radiologic examination, spine; thoracic, 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31

72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22

The specialties presented the crosswalk methodology to the Research Subcommittee for approval prior to the April 2017 RUC survey cycle. Following discussion, the Subcommittee agreed to allow the specialties to proceed with the crosswalk for the above codes in lieu of survey. New and revised vignettes and work descriptors, as enclosed in the accompanying document, were also reviewed and approved. Any adjustments made to existing times and values are tracked for reference.

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,

Kurt Schoppe, MD
ACR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

Brooke A. Bisbee, DPM
APMA RUC Advisor

Anne Miller-Breslow, MD
ASSH RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

Peter Mangone, MD
AOFAS RUC Advisor

X-Ray Elbow/Forearm (ACR, AAOS, ASSH)

	Code under review	Proposed crosswalk
CPT	**73070**	**73600**
Descriptor	Radiologic examination, elbow; 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both 73070 and 73600 describe 2 view radiologic examinations of joints, which are quite similar in that they include the articulation of two bones.	

	Code under review	Proposed crosswalk
CPT	**73080**	**73610**
Descriptor	Radiologic examination, elbow; complete, minimum of 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Apr 2010	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	Both 73080 and 73610 describe minimum 3 view radiologic examinations of joints, which are quite similar in that they include the articulation of three bones (i.e. the humerus, radius and ulna in the elbow and the tibia, fibula and talus in the ankle).	

	Code under review	Proposed crosswalk
CPT	**73090**	**73590**
Descriptor	Radiologic examination; forearm, 2 views	Radiologic examination; tibia and fibula, 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.	A 50-year-old female presents with a history of a fall and pain to her lower leg. AP and lateral views of the tibia and fibula are obtained to evaluate for fracture.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the tibia and fibula are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73090 and 73590 describe 2 view radiologic examinations of corresponding anatomic regions in the upper and lower extremity, respectively.	

X-Ray Sacrum (ACR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72200**	**73610**
Descriptor	Radiologic examination, sacroiliac joints; less than 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72200 describes a less than 3 view examination of the sacroiliac joints, which typically would include an AP view of both sacroiliac joints and an oblique view of the symptomatic joint. The evaluation of both sacroiliac joints on the AP and one joint on the oblique is similar to the evaluation of a unilateral ankle joint on 3 views, 73610.	

	Code under review	Proposed crosswalk
CPT	**72202**	**73562**
Descriptor	Radiologic examination, sacroiliac joints; 3 or more views	Radiologic examination, knee; 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	~~0.0363~~ 0.0338	0.0338
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.	A 27-year-old male presents with trauma to the left knee following a motor vehicle accident. Frontal, lateral, and sunrise views of the left knee are obtained to evaluate for injury.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the knee are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**~~0.19~~ 0.18**	**0.18**
Rationale for proposed crosswalk	72202 describes a minimum 3 view examination of both sacroiliac articulations, which is similar to the 3 view knee examination, 73562, which evaluates both the patellofemoral and tibiofemoral articulations.	

	Code under review	Proposed crosswalk
CPT	**72220**	**73630**
Descriptor	Radiologic examination, sacrum and coccyx, minimum of 2 views	Radiologic examination, foot; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.	A 45-year-old female presents with a complaint of acute foot pain. AP, lateral, and oblique views of the foot are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72220 describes a minimum 2 view radiologic examinations of the 5 sacral segments and 4 coccygeal segments, which is typically performed as a 3 view study similar to the typical 3 view examination of the foot.	

X-Ray Heel (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73650**	**73600**
Descriptor	Radiologic examination; calcaneus, minimum of 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus and fibula are obtained to evaluate for fracture.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73650 and 73600 describe minimum 2 view and 2 view radiologic examinations of similar anatomic regions, the hind foot and ankle, respectively.	

X-Ray Toe (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73660**	**73140**
Descriptor	Radiologic examination; toe(s), minimum of 2 views	Radiologic examination, finger(s), minimum of 2 views
RUC reviewed	Aug 1995 (CMS/Other)	~~Aug 2005~~April 2016
IWPUT	0.0284	~~0.0426~~0.0213
Pre-service time	1	1
Intra-service time	3	~~2~~ 4
Post-service time	1	1
Total time	**5**	**4 6**
Vignette	An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.	A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare the findings to previous studies, if applicable. • Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Communicate findings to referring physician, when needed. □□□□□□□□
Work RVU	**0.13**	**0.13**
Rationale for proposed crosswalk	Both 73660 and 73140 describe minimum 2 view radiologic examination of a digit(s).	

X-Ray Spine (ACR, ASNR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72020**	**73551**
Descriptor	Radiologic examination, spine, single view, specify level	Radiologic examination, femur; 1 view
RUC reviewed	Aug 1995 (CMS/Other)	Apr 2015
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.	A 24-year-old male presents with right femur fracture. Intraoperative planning for intramedullary rod placement is performed.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the femur. • The visualized joints and joint spaces, including the hip and knee, are assessed. The morphology and integrity of all visualized osseous structures are evaluated, the visualized superficial soft tissues are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed. □□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.□□□□□□□□□□□□□□□□
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both studies are single view examinations typically obtained to check alignment post reduction or for surgical planning.	

	Code under review	Proposed crosswalk
CPT	**72040**	**71100**
Descriptor	Radiologic examination, spine, cervical; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Jan 2012	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are multi-view examinations, typically 2 views, of complex anatomic regions.	

	Code under review	Proposed crosswalk
CPT	**72050**	**72082**
Descriptor	Radiologic examination, spine, cervical; 4 or 5 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72050 typically consists of AP, lateral and bilateral oblique views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72052**	**72083**
Descriptor	Radiologic examination, spine, cervical; 6 or more views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	~~0.0586~~ 0.0566	0.0436
Pre-service time	1	1
Intra-service time	5	7
Post-service time	2	1
Total time	**8**	**9**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 67-year-old female with degenerative scoliosis is undergoing radiographic evaluation to evaluate for dynamic instability prior to surgical correction.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. The morphology, alignment (both coronal and sagittal), and integrity of the vertebral bodies are assessed. Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.

Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.
Work RVU	**~~0.36~~ 0.35**	**0.35**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72083 typically involves AP, lateral and bending views of the thoracic and lumbar spine obtained on multiple images. Pairs of images are stitched together to form the AP, lateral and bending views. 72052 typically consists of AP, lateral, bilateral oblique, flexion and extension views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72070**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Sept 2014	Sept 2014 & Apr 2016
IWPUT	0.0584	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	1	1
Total time	**5**	**6**
Vignette	An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.□□□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72072**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression fracture.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72074**	**71100**
Descriptor	Radiologic examination, spine; thoracic, minimum of 4 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72080**	**71100**
Descriptor	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracolumbar junction of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72100**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72110**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; minimum of 4 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and

	communicated to the referring physician as needed.	signed, and findings are communicated to the referring physician.□□□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72110 typically consists of AP, lateral and bilateral oblique views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72114**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	~~0.0506~~ 0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□
Work RVU	~~**0.32**~~ **0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72114 typically consists of AP, lateral, bilateral oblique and bending views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72120**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lumbar region.	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72200 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Radiologic examination, sacroiliac joints; less than 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72200				
Sample Size: 0	**Resp N:** 0	**Response:** 0.0 %			
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	72200	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73610	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, ankle; complete, minimum of 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72200	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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 sacrum and coccyx x-ray code, 72220 *[Radiologic examination, sacrum and coccyx, minimum of 2 views]* was identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include sacroiliac x-ray codes 72200 *[Radiologic examination, sacroiliac joints; less than 3 views]* and 72202 *[Radiologic examination, sacroiliac joints; 3 or more views]*.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology and the American Academy of Orthopaedic Surgeons believe the proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for CPT code 72202. For this code, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Recommended Crosswalks

CPT code 72200 *[Radiologic examination, sacroiliac joints; less than 3 view*s] is an X-ray procedure most often used when well-profiled, collimated images are needed to evaluate for joint space narrowing, erosions, ankylosis, fracture and malalignment. The specialties propose a crosswalk to CPT code 73610 *[Radiologic examination, ankle; complete, minimum of 3 views]*, which has identical times and wRVU. The sacroiliac joints, like the ankle, are complex joints consisting of the articulation of three bones.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time, and 1 minute of post service time for CPT code 72200. The recommended pre-service, intra-service, and post-service times are strongly supported by the crosswalk, CPT code 73610.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72200	**Radiologic examination, sacroiliac joints; less than 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**
73610	Radiologic examination, ankle; complete, minimum of 3 views	0.17	1	3	1	5	0.0417

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
72200	**Radiologic examination, sacroiliac joints; less than 3 views**	**0.17**	**1**	**3**	**1**	**5**	0.0417
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations for CPT Code 72200

Our expert panel recommends maintaining the current value of 72200 at 0.17 RVU with service period times of 1, 3, and 1 minutes. These valuations are supported by the previously noted crosswalk 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) 72200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 46047
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 72200 provided nationally in a one-year period is estimated to be 46,047.

Specialty Diagnostic Radiology Frequency 30650 Percentage 66.56 %

Specialty Orthopedic Surgery Frequency 1600 Percentage 3.47 %

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? 15,349 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 72200 is billed approximately 15,349 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 10220 Percentage 66.58 %

Specialty Orthopedic Surgery Frequency 533 Percentage 3.47 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72200

If this code is a new/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:72202 Tracking Number Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **0.19** RUC Recommended RVU: **0.18**

CPT Descriptor: Radiologic examination, sacroiliac joints; 3 or more views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72202				
Sample Size: 0	**Resp N:** 0	**Response:** 0.0 %			
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	72202	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72202	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	4.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**6.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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 sacrum and coccyx x-ray code, 72220 *[Radiologic examination, sacrum and coccyx, minimum of 2 views]* was identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include sacroiliac x-ray codes 72200 *[Radiologic examination, sacroiliac joints; less than 3 views]* and 72202 *[Radiologic examination, sacroiliac joints; 3 or more views]*.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology and the American Academy of Orthopaedic Surgeons believe the proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for CPT code 72202. For this code, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Recommended Crosswalks

Code 72202 *[Radiologic examination, sacroiliac joints; 3 or more views]* is an X-ray procedure most often used when well-profiled, collimated images are needed to evaluate for joint space narrowing, erosions, ankylosis, fracture and malalignment. The specialties propose a crosswalk to CPT code 73562 *[Radiologic examination, knee; 3 views]*, which has identical times and wRVU. The sacroiliac joints, like the knee, are complex joints consisting of the articulation of three bones.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 4 minutes of intra service time and 1 minute of post service time for CPT code 72202, which is strongly supported by the crosswalk, CPT code 73562.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72202	**Radiologic examination, sacroiliac joints; 3 or more views**	**0.18**	**1**	**4**	**1**	**6**	**0.0338**
73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 1 more minute of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
72202	**Radiologic examination, sacroiliac joints; 3 or more views**	**0.18**	**1**	**4**	**1**	**6**	0.0338
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations for CPT Code 72202

Our expert panel recommends a value of 0.18 RVU for 72202, which is a reduction of 0.01 RVU from the current value. Our expert panel also recommends service period times of 1, 4, and 1 minutes. These valuations are supported by the previously noted crosswalk 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) 72202

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 91104
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 72202 provided nationally in a one-year period is estimated to be 91,104.

Specialty Diagnostic Radiology Frequency 77500 Percentage 85.06 %

Specialty Orthopedic Surgery Frequency 1300 Percentage 1.42 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,368 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 72202 is billed approximately 30,368 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 25840 Percentage 85.08 %

Specialty Orthopedic Surgery Frequency 430 Percentage 1.41 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72202

If this code is a new/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:72220 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Radiologic examination, sacrum and coccyx, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72220				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	72220	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73630	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, foot; complete, minimum of 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72220	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

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			

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 sacrum and coccyx x-ray code, 72220 *[Radiologic examination, sacrum and coccyx, minimum of 2 views]* was identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include sacroiliac x-ray codes 72200 *[Radiologic examination, sacroiliac joints; less than 3 views]* and 72202 *[Radiologic examination, sacroiliac joints; 3 or more views]*.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology and the American Academy of Orthopaedic Surgeons believe the proposed values for these services are supported by crosswalks to existing RUC surveyed codes. The chosen crosswalks support the existing values for all of the codes except for CPT code 72202. For this code, the specialties are recommending a decrease in value based upon comparison to the crosswalk code.

Recommended Crosswalks

Code 72220 *[Radiologic examination, sacrum and coccyx, minimum of 2 views]* is an X-ray procedure most often used when well-profiled, collimated images are needed to evaluate fractures or malalignment. The specialties propose a crosswalk to CPT code 73630 *[Radiologic examination, foot; complete, minimum of 3 views]*, which has identical times and wRVU. The sacrum and coccyx, like the foot, are numerous articulation formed by numerous bones, small and large.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time and 1 minute of post service time for CPT code 72220, which is strongly supported by the crosswalk, CPT code 73630.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72220	**Radiologic examination, sacrum and coccyx, minimum of 2 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**
73630	Radiologic examination, foot; complete, minimum of 3 views	0.17	1	3	1	5	0.0417

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
72220	**Radiologic examination, sacrum and coccyx, minimum of 2 views**	**0.17**	**1**	**3**	**1**	**5**	0.0417
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations for CPT Code 72200

Our expert panel recommends maintaining the current value of 72220 at 0.17 RVU with service period times of 1, 3, and 1 minutes. These valuations are supported by the previously noted crosswalk 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) 72220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 363675
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 72220 provided nationally in a one-year period is estimated to be 363,675.

Specialty Diagnostic Radiology Frequency 268400 Percentage 73.80 %

Specialty Orthopedic Surgery Frequency 14200 Percentage 3.90 %

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? 121,225 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 the CPT code 72220 is billed approximately 121,225 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 89479 Percentage 73.81 %

Specialty Orthopedic Surgery Frequency 4730 Percentage 3.90 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
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 72220

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Sacrum

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
Oct-09	73610	Radiologic examination, ankle; complete, minimum of 3 views		0.0417			0.17			5	1					3			1
CMS/Other	72200	Radiologic examination, sacroiliac joints; less than 3 views		#DIV/0!			0.17			5									
REC	72200	Radiologic examination, sacroiliac joints; less than 3 views		0.0417			0.17			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Sep-14	73562	Radiologic examination, knee; 3 views		0.0338			0.18			6	1					4			1
CMS/Other	72202	Radiologic examination, sacroiliac joints; 3 or more views		#DIV/0!			0.19			6									
REC	72202	Radiologic examination, sacroiliac joints; 3 or more views		0.0338			0.18			6	1					4			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Oct-09	73630	Radiologic examination, foot; complete, minimum of 3 views		0.0417			0.17			5	1					3			1
CMS/Other	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views		#DIV/0!			0.17			5									
REC	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views		0.0417			0.17			5	1					3			1

CPT Code: 72200, 72202, 72220
Specialty Society: ACR, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

72200	Radiologic examination, sacroiliac joints; less than 3 views
72202	Radiologic examination, sacroiliac joints; 3 or more views
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views

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 the American Academy of Orthopaedic Surgeons (AAOS) convened a consensus panel to finalize the practice expense data for x-ray of the sacroiliac joints or x-ray of the sacrum, CPT codes 72200, 72202, and 72220.

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 codes 72200, 72202, 72220 on the spreadsheet to serve as a reference. For each code, we also included the CPT code to which we are proposing to crosswalk the physician work.
CPT codes 73610 *(Radiologic examination, ankle; complete, minimum of 3 views),* 73562 *(Radiologic examination, knee; 3 views)*, and 73630 *(Radiologic examination, foot; complete, minimum of 3 views)* were crosswalked to 72200, 72202, and 72220, respectively.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **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.

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:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment and supplies
- 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:*

72200: x-ray sacroiliac joints; less than 3 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under sacroiliac joints and place second cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for second view (typically an oblique view of one of the joints). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under sacroiliac joints. Both cassettes are then taken to the image reader. Run both cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

72202: x-ray sacroiliac joints; 3 or more views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under sacroiliac joints and place second cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for second

view (typically an oblique view of one of the joints). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under sacroiliac joints and place third cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for third view (typically an oblique view of the other joint). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under sacroiliac joints. The above steps are repeated for any additional sacroiliac joints views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

72220: x-ray sacrum and coccyx; minimum of 2 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's sacrum and coccyx. Position patient's sacrum and coccyx for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under sacrum and coccyx and place second cassette under patient's sacrum and coccyx. Position patient's sacrum and coccyx for second view (typically an outlet view to profile the superior sacrum). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under sacrum and coccyx and place third cassette under patient's sacrum and coccyx. Position patient's sacrum and coccyx for third view (typically a lateral view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under sacrum and coccyx. The above steps are repeated for any additional sacrum and coccyx views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views 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, basic radiology (EL012)** [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	F	H	L	N	P	T	V	X	Z
1	**RUC Practice Expense Spreadsheet**				**EFERENCE COI**	**CURRENT**	**RECOMMENDED**	**EFERENCE COI**	**CURRENT**	**ECOMMENDE**	**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***			**73610**	**72200**	**72200**	**73562**	**72202**	**72202**	**73630**	**72220**	**72220**
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 21 - X-Ray Sacrum** **Specialty: ACR, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination, ankle; complete, minimum of 3 views	Radiologic examination, sacroiliac joints; less than 3 views **(Aug 2003)**	Radiologic examination, sacroiliac joints; less than 3 views **(April 2017)**	Radiologic examination, knee; 3 views **(Sept 2014)**	Radiologic examination, sacroiliac joints; 3 or more views **(Aug 2003)**	Radiologic examination, sacroiliac joints; 3 or more views **(April 2017)**	Radiologic examination, foot; complete, minimum of 3 views **(Aug 2003)**	Radiologic examination, sacrum and coccyx, minimum of 2 views **(Aug 2003)**	Radiologic examination, sacrum and coccyx, minimum of 2 views **(April 2017)**
5		**LOCATION**			**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**17.0**	**16.0**	**21.0**	**21.0**	**20.0**	**24.0**	**17.0**	**16.0**	**21.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**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**	**L041B**	Radiologic Technologist	**17.0**	**16.0**	**21.0**	**21.0**	**20.0**	**24.0**	**17.0**	**16.0**	**21.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**											
12		**Start: Following visit when decision for surgery or procedure made**											
27		**End: When patient enters office/facility for surgery/procedure**											
28		**SERVICE PERIOD**											
29		**Start: When patient enters office/facility for surgery/procedure:**											
30		**Pre-Service (of service period)**											
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
32	CA010	Obtain vital signs											
33	CA011	Provide education/obtain consent											
34	CA012	Review requisition, assess for special needs											
35	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	**1**	**1**	**2**	**2**	**1**	**2**	**1**	**1**	**2**
36	CA014	Confirm order, protocol exam											
37	CA015	Setup scope (nonfacility setting only)											
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	**1**	**1**	**2**	**2**	**1**	**2**	**1**	**1**	**2**
39	CA017	Sedate/apply anesthesia											
40													
41													
42													
43		*Other activity: please include short clinical description here and type new in column A*											
44		*Other activity: please include short clinical description here and type new in column A*											
45		*Other activity: please include short clinical description here and type new in column A*											
46		**Intra-service (of service period)**											
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)											
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)											
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)											
50	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	**6**	**6**	**6**	**6**	**9**	**9**	**6**	**6**	**6**
51													
52													
53													

	A	B	D	E	F	H	L	N	P	T	V	X	Z
1	**RUC Practice Expense Spreadsheet**				**EFERENCE COI**	**CURRENT**	**RECOMMENDED**	**EFERENCE COI**	**CURRENT**	**ECOMMENDE**	**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***			**73610**	**72200**	**72200**	**73562**	**72202**	**72202**	**73630**	**72220**	**72220**
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 21 - X-Ray Sacrum** **Specialty: ACR, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination, ankle; complete, minimum of 3 views	Radiologic examination, sacroiliac joints; less than 3 views **(Aug 2003)**	Radiologic examination, sacroiliac joints; less than 3 views **(April 2017)**	Radiologic examination, knee; 3 views **(Sept 2014)**	Radiologic examination, sacroiliac joints; 3 or more views **(Aug 2003)**	Radiologic examination, sacroiliac joints; 3 or more views **(April 2017)**	Radiologic examination, foot; complete, minimum of 3 views **(Aug 2003)**	Radiologic examination, sacrum and coccyx, minimum of 2 views **(Aug 2003)**	Radiologic examination, sacrum and coccyx, minimum of 2 views **(April 2017)**
5		**LOCATION**			**Non Fac**	**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**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**17.0**	**16.0**	**21.0**	**21.0**	**20.0**	**24.0**	**17.0**	**16.0**	**21.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**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**	**L041B**	Radiologic Technologist	**17.0**	**16.0**	**21.0**	**21.0**	**20.0**	**24.0**	**17.0**	**16.0**	**21.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54		*Other activity: please include short clinical description here and type new in column A*											
55		*Other activity: please include short clinical description here and type new in column A*											
56		*Other activity: please include short clinical description here and type new in column A*											
57		**Post-Service (of service period)**											
58	CA022	Monitor patient following procedure/service, multitasking 1:4											
59	CA023	Monitor patient following procedure/service, no multitasking											
60	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	**2**	**2**	**3**	**3**	**2**	**3**	**2**	**2**	**3**
61	CA025	Clean scope											
62	CA026	Clean surgical instrument package											
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions											
64	CA028	Review/read post-procedure x-ray, lab and pathology reports											
65	CA029	Check dressings, catheters, wounds											
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	**4**	**3**	**2**	**2**	**4**	**2**	**4**	**3**	**2**
67	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist			**2**	**2**		**2**			**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist			**1**	**1**		**1**			**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)											
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)											
71	CA035	Review home care instructions, coordinate visits/prescriptions											
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**											
80		**POST-SERVICE PERIOD**											
81		**Start: Patient leaves office/facility**											
97		**End: with last office visit before end of global period**											

	A	B	D	E	F	H	L	N	P	T	V	X	Z
1	RUC Practice Expense Spreadsheet				EFERENCE COI	CURRENT	RECOMMENDED	EFERENCE COI	CURRENT	ECOMMENDE	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			73610	72200	72200	73562	72202	72202	73630	72220	72220
3		*RUC Collaboration Website*											
4	Clinical Activity Code	Meeting Date: April 2017 Tab: 21 - X-Ray Sacrum Specialty: ACR, AAOS	Clinical Staff Type Code	Clinical Staff Type	Radiologic examination, ankle; complete, minimum of 3 views	Radiologic examination, sacroiliac joints; less than 3 views (Aug 2003)	Radiologic examination, sacroiliac joints; less than 3 views (April 2017)	Radiologic examination, knee; 3 views (Sept 2014)	Radiologic examination, sacroiliac joints; 3 or more views (Aug 2003)	Radiologic examination, sacroiliac joints; 3 or more views (April 2017)	Radiologic examination, foot; complete, minimum of 3 views (Aug 2003)	Radiologic examination, sacrum and coccyx, minimum of 2 views (Aug 2003)	Radiologic examination, sacrum and coccyx, minimum of 2 views (April 2017)
5		LOCATION			Non Fac	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	XXX
7		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	17.0	16.0	21.0	21.0	20.0	24.0	17.0	16.0	21.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	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	L041B	Radiologic Technologist	17.0	16.0	21.0	21.0	20.0	24.0	17.0	16.0	21.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT									
99	SB026	gown, patient	0.533	item	1	1	1	1	1	1	1	1	1
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*											
106	Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA									
107	ED053	Professional PACS Workstation	14616.93	Other Formula	4	3	4	5	3	5	4	3	4
108	ED050	PACS Workstation Proxy	5557	Other Formula	17	16	21	21	20	24	15	16	21
109	EL012	room, basic radiology	127750	Highly Technical Equipment Formula	17	16	15	15	20	18	17	16	15
113		*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

X-Ray Elbow /Forearm

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 codes 73070 *Radiologic examination, elbow; 2 views* and 73090 *Radiologic examination; forearm, 2 views* were captured on this screen. The family was expanded to include CPT code 73080 *Radiologic examination, elbow; complete, minimum of 3 views*. The Workgroup recommended the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time.

In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommendations in lieu of conducting a RUC survey. The Research Subcommittee had reviewed the recommendation made by the specialty societies to crosswalk times and values for these identified codes to other codes performed by the specialty societies. On the Research Subcommittee conference call, the specialty societies explained that when determining an appropriate crosswalk, they tried to find RUC reviewed codes that were similar in service and time, performed on a similar anatomical site, required similar number of views and required similar patient positioning. The Research Subcommittee agreed that the methodology employed by the specialty was appropriate for these services, noting past precedent of the Research Subcommittee approving a similar request for X-ray codes in 2010. As part of its discussion, the Subcommittee noted that it would not recommend for the specialty to propose using lower work RVU crosswalks to justify maintaining the value of higher work RVU codes.

73070 *Radiologic examination, elbow; 2 views*
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared CPT code 73070 to CPT code 73600 *Radiologic examination, ankle; 2 views* (work RVU of 0.16, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) and noted that both services should be valued similarly as both studies were similar in physician work and time, include the articulation of two bones, require a similar number of views and require similar patient positioning. The RUC agreed that the current work RVU for 73070 of 0.15 should be maintained. **The RUC recommends a work RVU of 0.15 for CPT code 73070.**

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73080 ***Radiologic examination, elbow; complete, minimum of 3 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared CPT code 73080 to CPT code 73610 *Radiologic examination, ankle; complete, minimum of 3 views* (work RVU of 0.17, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) were similar in physician work and time, include the articulation of three bones (i.e. the humerus, radius and ulna in the elbow and the tibia, fibula and talus in the ankle), require a similar number of views and require similar patient positioning. Therefore, the RUC recommends a direct work RVU crosswalk from code 73610 to 73080. **The RUC recommends a work RVU of 0.17 for CPT code 73080.**

73090 ***Radiologic examination; forearm, 2 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared CPT code 73090 to CPT code 73590 *Radiologic examination; tibia and fibula, 2 views* (work RVU of 0.15, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) and noted that both services should be valued similarly as both studies were similar in physician work and time, include examination of corresponding anatomic regions in the upper and lower extremity, require a similar number of views and require similar patient positioning. Therefore, the RUC recommends a direct work RVU crosswalk from code 73590 to 73090. **The RUC recommends a work RVU of 0.16 for CPT code 73090.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73070	Radiologic examination, elbow; 2 views	XXX	0.15 (No Change)
73080 **(f)**	Radiologic examination, elbow; complete, minimum of 3 views	XXX	0.17 (No Change)
73090	Radiologic examination; forearm, 2 views	XXX	0.16 (No Change)

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April 5, 2017

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Re: X-Ray Crosswalks: Toe(s), Heel, Elbow & Forearm, Sacrum, Spine

Dear Dr. Smith,

The twenty codes listed below belong to families of x-ray codes identified by the CMS/Other utilization >100,000 screen. At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, the American Society for Surgery of the Hand, and the American Orthopaedic Foot and Ankle Society believe the proposed values for the x-ray services below are accurate and are supported by the following crosswalks to existing RUC surveyed codes.

Code	Descriptor	Proposed Work RVU	Crosswalk Code	Crosswalk Descriptor	Crosswalk Work RVU
73070	Radiologic examination, elbow; 2 views	0.15	**73600**	Radiologic examination, ankle; 2 views	0.16
73080	Radiologic examination, elbow; complete, minimum of 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
73090	Radiologic examination; forearm, 2 views	0.16	**73590**	Radiologic examination; tibia and fibula, 2 views	0.16
72200	Radiologic examination, sacroiliac joints; less than 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
72202	Radiologic examination, sacroiliac joints; 3 or more views	0.18	**73562**	Radiologic examination, knee; 3 views	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	0.17	**73630**	Radiologic examination, foot; complete, minimum of 3 views	0.17
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	**73600**	Radiologic examination, ankle; 2 views	0.16

73660	Radiologic examination; toe(s), minimum of 2 views	0.13	**73140**	Radiologic examination, finger(s), minimum of 2 views	0.13
72020	Radiologic examination, spine, single view, specify level	0.15	**73551**	Radiologic examination, femur; 1 view	0.16
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	**72083**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35
72070	Radiologic examination, spine; thoracic, 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72072	Radiologic examination, spine; thoracic, 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31

72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22

The specialties presented the crosswalk methodology to the Research Subcommittee for approval prior to the April 2017 RUC survey cycle. Following discussion, the Subcommittee agreed to allow the specialties to proceed with the crosswalk for the above codes in lieu of survey. New and revised vignettes and work descriptors, as enclosed in the accompanying document, were also reviewed and approved. Any adjustments made to existing times and values are tracked for reference.

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,

Kurt Schoppe, MD
ACR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

Brooke A. Bisbee, DPM
APMA RUC Advisor

Anne Miller-Breslow, MD
ASSH RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

Peter Mangone, MD
AOFAS RUC Advisor

X-Ray Elbow/Forearm (ACR, AAOS, ASSH)

	Code under review	Proposed crosswalk
CPT	**73070**	**73600**
Descriptor	Radiologic examination, elbow; 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both 73070 and 73600 describe 2 view radiologic examinations of joints, which are quite similar in that they include the articulation of two bones.	

	Code under review	Proposed crosswalk
CPT	**73080**	**73610**
Descriptor	Radiologic examination, elbow; complete, minimum of 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Apr 2010	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	Both 73080 and 73610 describe minimum 3 view radiologic examinations of joints, which are quite similar in that they include the articulation of three bones (i.e. the humerus, radius and ulna in the elbow and the tibia, fibula and talus in the ankle).	

	Code under review	Proposed crosswalk
CPT	**73090**	**73590**
Descriptor	Radiologic examination; forearm, 2 views	Radiologic examination; tibia and fibula, 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.	A 50-year-old female presents with a history of a fall and pain to her lower leg. AP and lateral views of the tibia and fibula are obtained to evaluate for fracture.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the tibia and fibula are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73090 and 73590 describe 2 view radiologic examinations of corresponding anatomic regions in the upper and lower extremity, respectively.	

X-Ray Sacrum (ACR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72200**	**73610**
Descriptor	Radiologic examination, sacroiliac joints; less than 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72200 describes a less than 3 view examination of the sacroiliac joints, which typically would include an AP view of both sacroiliac joints and an oblique view of the symptomatic joint. The evaluation of both sacroiliac joints on the AP and one joint on the oblique is similar to the evaluation of a unilateral ankle joint on 3 views, 73610.	

	Code under review	Proposed crosswalk
CPT	**72202**	**73562**
Descriptor	Radiologic examination, sacroiliac joints; 3 or more views	Radiologic examination, knee; 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	~~0.0363~~ 0.0338	0.0338
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.	A 27-year-old male presents with trauma to the left knee following a motor vehicle accident. Frontal, lateral, and sunrise views of the left knee are obtained to evaluate for injury.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the knee are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**~~0.19~~ 0.18**	**0.18**
Rationale for proposed crosswalk	72202 describes a minimum 3 view examination of both sacroiliac articulations, which is similar to the 3 view knee examination, 73562, which evaluates both the patellofemoral and tibiofemoral articulations.	

	Code under review	Proposed crosswalk
CPT	**72220**	**73630**
Descriptor	Radiologic examination, sacrum and coccyx, minimum of 2 views	Radiologic examination, foot; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.	A 45-year-old female presents with a complaint of acute foot pain. AP, lateral, and oblique views of the foot are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72220 describes a minimum 2 view radiologic examinations of the 5 sacral segments and 4 coccygeal segments, which is typically performed as a 3 view study similar to the typical 3 view examination of the foot.	

X-Ray Heel (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73650**	**73600**
Descriptor	Radiologic examination; calcaneus, minimum of 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus and fibula are obtained to evaluate for fracture.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73650 and 73600 describe minimum 2 view and 2 view radiologic examinations of similar anatomic regions, the hind foot and ankle, respectively.	

X-Ray Toe (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73660**	**73140**
Descriptor	Radiologic examination; toe(s), minimum of 2 views	Radiologic examination, finger(s), minimum of 2 views
RUC reviewed	Aug 1995 (CMS/Other)	~~Aug 2005~~April 2016
IWPUT	0.0284	~~0.0426~~0.0213
Pre-service time	1	1
Intra-service time	3	~~2~~ 4
Post-service time	1	1
Total time	**5**	**4 6**
Vignette	An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.	A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare the findings to previous studies, if applicable. • Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Communicate findings to referring physician, when needed. □□□□□□□□
Work RVU	**0.13**	**0.13**
Rationale for proposed crosswalk	Both 73660 and 73140 describe minimum 2 view radiologic examination of a digit(s).	

X-Ray Spine (ACR, ASNR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72020**	**73551**
Descriptor	Radiologic examination, spine, single view, specify level	Radiologic examination, femur; 1 view
RUC reviewed	Aug 1995 (CMS/Other)	Apr 2015
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.	A 24-year-old male presents with right femur fracture. Intraoperative planning for intramedullary rod placement is performed.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the femur. • The visualized joints and joint spaces, including the hip and knee, are assessed. The morphology and integrity of all visualized osseous structures are evaluated, the visualized superficial soft tissues are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed. □□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.□□□□□□□□□□□□□□□□
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both studies are single view examinations typically obtained to check alignment post reduction or for surgical planning.	

	Code under review	Proposed crosswalk
CPT	**72040**	**71100**
Descriptor	Radiologic examination, spine, cervical; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Jan 2012	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are multi-view examinations, typically 2 views, of complex anatomic regions.	

	Code under review	Proposed crosswalk
CPT	**72050**	**72082**
Descriptor	Radiologic examination, spine, cervical; 4 or 5 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72050 typically consists of AP, lateral and bilateral oblique views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72052**	**72083**
Descriptor	Radiologic examination, spine, cervical; 6 or more views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	~~0.0586~~ 0.0566	0.0436
Pre-service time	1	1
Intra-service time	5	7
Post-service time	2	1
Total time	**8**	**9**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 67-year-old female with degenerative scoliosis is undergoing radiographic evaluation to evaluate for dynamic instability prior to surgical correction.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. The morphology, alignment (both coronal and sagittal), and integrity of the vertebral bodies are assessed. Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.

Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.
Work RVU	**~~0.36~~ 0.35**	**0.35**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72083 typically involves AP, lateral and bending views of the thoracic and lumbar spine obtained on multiple images. Pairs of images are stitched together to form the AP, lateral and bending views. 72052 typically consists of AP, lateral, bilateral oblique, flexion and extension views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72070**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Sept 2014	Sept 2014 & Apr 2016
IWPUT	0.0584	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	1	1
Total time	**5**	**6**
Vignette	An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.□□□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72072**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression fracture.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72074**	**71100**
Descriptor	Radiologic examination, spine; thoracic, minimum of 4 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72080**	**71100**
Descriptor	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracolumbar junction of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72100**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72110**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; minimum of 4 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and

	communicated to the referring physician as needed.	signed, and findings are communicated to the referring physician.□□□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72110 typically consists of AP, lateral and bilateral oblique views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72114**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	~~0.0506~~ 0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□
Work RVU	~~**0.32**~~ **0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72114 typically consists of AP, lateral, bilateral oblique and bending views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72120**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lumbar region.	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73070 Tracking Number Original Specialty Recommended RVU: **0.15**
Presented Recommended RVU: **0.15**
Global Period: XXX Current Work RVU: **0.15** RUC Recommended RVU: **0.15**

CPT Descriptor: Radiologic examination, elbow; 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; David Wessell, MD; John Heiner, MD; William Creevy, MD; Anne Miller-Breslow, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society for Surgery of the Hand				
CPT Code:	73070				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	73070	**Recommended Physician Work RVU: 0.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73600	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, ankle; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 73070	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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

Elbow x-ray code 73070 *[Radiologic examination, elbow; 2 views]* as well as forearm x-ray code, 73090 *[Radiologic examination; elbow; complete, minimum of 3 views]* were identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include the additional elbow code, 73080 *[Radiologic examination; elbow; complete, minimum of 3 views]*.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Academy of Orthopaedic Surgeons, and the American Society for Surgery of the Hand believe the existing values for these services are accurate and propose a specific crosswalk to an existing RUC surveyed code as support.

Recommended Crosswalks

Code 73070 *[Radiologic examination, elbow; 2 views]* is an X-ray procedure most often used when well-profiled, small field-of-view high-resolution images are needed to evaluate for fractures, dislocations, joint effusions and arthritis. The specialties propose a crosswalk to CPT code 73600 *[Radiologic examination, ankle; 2 views]*, which has identical times and a similar wRVU. The elbow, like the ankle, is a complex joint consisting of the articulation of three bones.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time and 1 minute of post service time for CPT code 73070. The recommended pre-service, intra-service, and post-service times are strongly supported by the crosswalk, CPT code 73600.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73070	**Radiologic examination, elbow; 2 views**	**0.15**	**1**	**3**	**1**	**5**	**0.0351**
73600	Radiologic examination, ankle; 2 views	0.16	1	3	1	5	0.0384

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures,

temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
73070	**Radiologic examination, elbow; 2 views**	**0.15**	**1**	**3**	**1**	**5**	**0.0351**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations for CPT Code 73070

Our expert panel recommends maintaining the current value of 73070 at 0.15 RVU with service period times of 1, 3, and 1 minutes.

These valuations are supported by the previously noted crosswalk and MPC codes. In addition, this valuation maintains relativity with other upper extremity x-ray codes.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73140	X-Ray, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213	Apr 2016
73070	**X-Ray, elbow; 2 views**	**0.15**	**1**	**3**	**1**	**5**	**0.0351**	**Apr 2017**
73100	X-Ray, wrist; 2 views	0.16	1	3	1	5	0.0384	Apr 2016
73120	X-Ray, hand; 2 views	0.16	1	4	1	6	0.0288	Apr 2016
73060	X-Ray; humerus, minimum 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73090	X-Ray; forearm, 2 views	0.16	1	3	1	5	0.0384	Apr 2017
73110	X-Ray, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.0313	Apr 2016
73130	X-Ray, hand; minimum of 3 views	0.17	1	5	1	7	0.0250	Apr 2016
73080	X-Ray, elbow; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Apr 2017

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) 73070

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Hand Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 704151
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 73070 provided nationally in a one-year period is estimated to be 704,151.

Specialty Diagnostic Radiology Frequency 325000 Percentage 46.15 %

Specialty Orthopedic Surgery Frequency 188950 Percentage 26.83 %

Specialty Hand Surgery Frequency 43650 Percentage 6.19 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 234,717 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 the CPT code 73070 is billed approximately 234,717 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 108330 Percentage 46.15 %

Specialty Orthopedic Surgery Frequency 63000 Percentage 26.84 %

Specialty Hand Surgery Frequency 14550 Percentage 6.19 %

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 73070

If this code is a new/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:73080 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Radiologic examination, elbow; complete, minimum of 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; David Wessell, MD;John Heiner, MD; William Creevy, MD; Anne Miller-Breslow, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society for Surgery of the Hand				
CPT Code:	73080				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	73080	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73610	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, ankle; complete, minimum of 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 73080	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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

Elbow x-ray code 73070 *[Radiologic examination, elbow; 2 views]* as well as forearm x-ray code 73090 *[Radiologic examination; elbow; complete, minimum of 3 views]* were identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include the additional elbow code, 73080 *[Radiologic examination; elbow; complete, minimum of 3 views]*.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Academy of Orthopaedic Surgeons, and the American Society for Surgery of the Hand believe the existing values for these services are accurate and propose a specific crosswalk to an existing RUC surveyed code as support.

Recommended Crosswalks

CPT code 73080 *[Radiologic examination; elbow; complete, minimum of 3 views]* is an X-ray procedure most often used when well-profiled, small field-of-view high-resolution images are needed to evaluate for fractures, dislocations, joint effusions and arthritis. The specialties propose a crosswalk to CPT code 73610 *[Radiologic examination, ankle; complete, minimum of 3 views]*, which has identical times and wRVU. The elbow, like the ankle, is a complex joint consisting of the articulation of three bones.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time, and 1 minute of post service time CPT code 73080. The recommended pre-service, intra-service, and post-service times are strongly supported by the crosswalk, CPT code 73610.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73080	**Radiologic examination, elbow; complete, minimum of 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**
73610	Radiologic examination, ankle; complete, minimum of 3 views	0.17	1	3	1	5	0.0417

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures,

temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
73080	**Radiologic examination, elbow; complete, minimum of 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations for CPT Code 73080

Our expert panel recommends maintaining the current value of 73080 at 0.17 RVU with service period times of 1, 3, and 1 minutes.

These valuations are supported by the previously noted crosswalk and MPC codes. In addition, this valuation maintains relativity with other upper extremity x-ray codes.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73140	X-Ray, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213	Apr 2016
73070	X-Ray, elbow; 2 views	0.15	1	3	1	5	0.0351	Apr 2017
73100	X-Ray, wrist; 2 views	0.16	1	3	1	5	0.0384	Apr 2016
73120	X-Ray, hand; 2 views	0.16	1	4	1	6	0.0288	Apr 2016
73060	X-Ray; humerus, minimum 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73090	X-Ray; forearm, 2 views	0.16	1	3	1	5	0.0384	Apr 2017
73110	X-Ray, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.0313	Apr 2016
73130	X-Ray, hand; minimum of 3 views	0.17	1	5	1	7	0.0250	Apr 2016
73080	**X-Ray, elbow; complete, minimum of 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**	**Apr 2017**

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) 73080

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Hand Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1065498
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 73080 provided nationall in a one-year period is estimated to be 1,065,498.

Specialty Diagnostic Radiology Frequency 734240 Percentage 68.91 %

Specialty Orthopedic Surgery Frequency 165880 Percentage 15.56 %

Specialty Hand Surgery Frequency 32780 Percentage 3.07 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 355,166 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 the CPT code 73080 is billed approximately 355,166 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 244740 Percentage 68.90 %

Specialty Orthopedic Surgery Frequency 55300 Percentage 15.57 %

Specialty Hand Surgery Frequency 10930 Percentage 3.07 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73080

If this code is a new/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:73090 Tracking Number

Original Specialty Recommended RVU: **0.16**
Presented Recommended RVU: **0.16**
RUC Recommended RVU: **0.16**

Global Period: XXX Current Work RVU: **0.16**

CPT Descriptor: Radiologic examination; forearm, 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; David Wessell, MD; John Heiner, MD: William Creevy, MD; Anne Miller-Breslow, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society for Surgery of the Hand				
CPT Code:	73090				
Sample Size:	0	**Resp N:**	0	**Response:** 0.0 %	
Description of Sample:					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
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**		

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:	73090	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73590	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination; tibia and fibula, 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 73090	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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

Elbow x-ray code 73070 *[Radiologic examination, elbow; 2 views]* as well as forearm x-ray code, 73090 *[Radiologic examination; elbow; complete, minimum of 3 views]* were identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include the additional elbow code, 73080 *[Radiologic examination; elbow; complete, minimum of 3 views]*.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Academy of Orthopaedic Surgeons, and the American Society for Surgery of the Hand believe the existing values for these services are accurate and propose a specific crosswalk to an existing RUC surveyed code as support.

Recommended Crosswalks

CPT Code 73090 *[Radiologic examination; forearm, 2 views]* is an x-ray procedure most often used when images of the entire radius and ulna are needed, typically to evaluate for shaft fracture or bone lesions. This clinical scenario is very similar to that of CPT code 73590 *[Radiologic examination; tibia and fibula, 2 views]*, our proposed cross walk. The forearm exam, like the tibia and fibula exam, consists of the evaluation of two bones, the radius and ulna, and the adjacent soft tissues.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time, and 1 minute of post service time for CPT code 73090. The recommended pre-service, intra-service, and post-service times are strongly supported by the crosswalk, CPT code 73590.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73090	**X-Ray; forearm, 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
73590	X-Ray; tibia and fibula, 2 views	0.16	1	3	1	5	0.0384

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures,

temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
73090	**X-Ray; forearm, 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations for CPT Code 73090

Our expert panel recommends maintaining the current value of 73090 at 0.16 RVU with service period times of 1, 3, and 1 minutes.

These valuations are supported by the previously noted crosswalk and MPC codes. In addition, this valuation maintains relativity with other upper extremity x-ray codes.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73140	X-Ray, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213	Apr 2016
73070	X-Ray, elbow; 2 views	0.15	1	3	1	5	0.0351	Apr 2017
73100	X-Ray, wrist; 2 views	0.16	1	3	1	5	0.0384	Apr 2016
73120	X-Ray, hand; 2 views	0.16	1	4	1	6	0.0288	Apr 2016
73060	X-Ray; humerus, minimum 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73090	**X-Ray; forearm, 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**	**Apr 2017**
73110	X-Ray, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.0313	Apr 2016
73130	X-Ray, hand; minimum of 3 views	0.17	1	5	1	7	0.0250	Apr 2016
73080	X-Ray, elbow; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Apr 2017

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) 73090

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Hand Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 694440
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 73090 provided nationally in a one-year period is estimated to be 694,440.

Specialty Diagnostic Radiology Frequency 505324 Percentage 72.76 %

Specialty Orthopedic Surgery Frequency 51506 Percentage 7.41 %

Specialty Hand Surgery Frequency 7559 Percentage 1.08 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 231,480 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 73090 is billed approximately 231,480 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 168441 Percentage 72.76 %

Specialty Orthopedic Surgery Frequency 17169 Percentage 7.41 %

Specialty Hand Surgery Frequency 2529 Percentage 1.09 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73090

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Elbow & Forearm

TAB: 22

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Sep-14	73600	Radiologic examination, ankle; 2 views		0.0384			0.16			5	1					3			1
CMS/Other	73070	Radiologic examination, elbow; 2 views		#DIV/0!			0.15			5									
REC	73070	Radiologic examination, elbow; 2 views		0.0351			0.15			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Oct-09	73610	Radiologic examination, ankle; complete, minimum of 3 views		0.0417			0.17			5	1					3			1
Apr-10	73080	Radiologic examination, elbow; complete, minimum of 3 views		0.0417			0.17				1					3			1
REC	73080	Radiologic examination, elbow; complete, minimum of 3 views		0.0417			0.17			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Sep-14	73590	Radiologic examination; tibia and fibula, 2 views		0.0384			0.16			5	1					3			1
CMS/Other	73090	Radiologic examination; forearm, 2 views		#DIV/0!			0.16			5									
REC	73090	Radiologic examination; forearm, 2 views		0.0384			0.16			5	1					3			1

CPT Code: 73070, 73080, 73090
Specialty Society: ACR, AAOS, ASSH

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

73070	Radiologic examination, elbow; 2 views
73080	Radiologic examination, elbow; complete, minimum of 3 views
73090	Radiologic examination; forearm, 2 views

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), American Academy of Orthopaedic Surgeons (AAOS), and American Society for Surgery of the Hand (ASSH) convened a consensus panel to finalize the practice expense data for the x-ray elbow/forearm, CPT codes 73070, 73080, 73090.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the codes you are making recommendations on are 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 73070, 73080, 73090 on the spreadsheet to serve as a reference. For each code, we also included the CPT code to which we are proposing to crosswalk the physician work.
CPT codes 73600 *(Radiologic examination, ankle; 2 views)*, 73610 *(Radiologic examination, ankle; complete, minimum of 3 views)*, and 73590 *(Radiologic examination; tibia and fibula, 2 views)* were crosswalked to 73070, 73080, and 73090, respectively.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **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.

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:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment and supplies
- 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:*

73070: x-ray, elbow; 2 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's elbow. Position patient's elbow for the first view (typically the AP view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under elbow and place second cassette under patient's elbow. Position patient's elbow for second view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under elbow. Both cassettes are then taken to the image reader. Run both cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

73080: x-ray, elbow; min 3 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's elbow. Position patient's elbow for the first view (typically the AP view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under elbow and place second cassette under patient's elbow. Position patient's elbow for second view (typically the oblique view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under elbow and place third cassette under patient's elbow. Position patient's elbow for third view (typically the lateral view). Step behind shielding to control panel.

Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under elbow. The above steps are repeated for any additional elbow views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

73090: x-ray; forearm, 2 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's forearm. Position patient's forearm for the first view (typically the AP view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under forearm and place second cassette under patient's forearm. Position patient's forearm for second view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under forearm. The above steps are repeated for any additional forearm views to be obtained. Both cassettes are then taken to the image reader. Run both cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views 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.
- **Ultrasound unit, portable (EQ250)** [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	F	H	J
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***			**73600**	**73070**	**73070**
3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 22 - X-Ray Elbow/Forearm** **Specialty: ACR, AAOS, ASSH**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination, ankle; 2 views **(Sept. 2014)**	Radiologic examination, elbow; two views **(Aug. 2003)**	Radiologic examination, elbow; two views **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**19.0**	**14.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**19.0**	**14.0**	**16.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**					
12		**Start: Following visit when decision for surgery or procedure made**					
27		**End: When patient enters office/facility for surgery/procedure**					
28		**SERVICE PERIOD**					
29		**Start: When patient enters office/facility for surgery/procedure:**					
30		**Pre-Service (of service period)**					
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	**Radiologic Technologist**	**3**	**3**	
32	CA010	Obtain vital signs					
33	CA011	Provide education/obtain consent					
34	CA012	Review requisition, assess for special needs					
35	CA013	Prepare room, equipment and supplies	**L041B**	**Radiologic Technologist**	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam					
37	CA015	Setup scope (nonfacility setting only)					
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	**Radiologic Technologist**	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia					
40							
41							
42							
43		*Other activity: please include short clinical description here and type new in column A*					
44		*Other activity: please include short clinical description here and type new in column A*					
45		*Other activity: please include short clinical description here and type new in column A*					
46		**Intra-service (of service period)**					
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)					
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)					
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)					
50	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	**Radiologic Technologist**	**4**	**4**	**4**
51							
52							
53							
54		*Other activity: please include short clinical description here and type new in column A*					
55		*Other activity: please include short clinical description here and type new in column A*					
56		*Other activity: please include short clinical description here and type new in column A*					
57		**Post-Service (of service period)**					
58	CA022	Monitor patient following procedure/service, multitasking 1:4					
59	CA023	Monitor patient following procedure/service, no multitasking					
60	CA024	Clean room/equipment by clinical staff	**L041B**	**Radiologic Technologist**	**3**	**2**	**3**
61	CA025	Clean scope					
62	CA026	Clean surgical instrument package					
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
64	CA028	Review/read post-procedure x-ray, lab and pathology reports					
65	CA029	Check dressings, catheters, wounds					

	A	B	D	E	F	H	J
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***			**73600**	**73070**	**73070**
3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 22 - X-Ray Elbow/Forearm** **Specialty: ACR, AAOS, ASSH**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination, ankle; 2 views **(Sept. 2014)**	Radiologic examination, elbow; two views **(Aug. 2003)**	Radiologic examination, elbow; two views **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**19.0**	**14.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**19.0**	**14.0**	**16.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	**2**	**3**	**2**
67	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)					
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)					
71	CA035	Review home care instructions, coordinate visits/prescriptions					
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**					
80		**POST-SERVICE PERIOD**					
81		**Start: Patient leaves office/facility**					
97		**End: with last office visit before end of global period**					
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**			
99	**SB026**	gown, patient	0.533	item	**1**	**1**	
106	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**			
107	**ED053**	Professional PACS Workstation	14616.93	Other Formula	**4**	**3**	**4**
108	**ED050**	PACS Workstation Proxy	5557	Other Formula	**19**	**14**	**16**
109	**EL012**	room, basic radiology	127750	Highly Technical Equipment Formula	**13**	**14**	**13**

	A	B	L	N	P
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***	**73610**	**73080**	**73080**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 22 - X-Ray Elbow/Forearm** **Specialty: ACR, AAOS, ASSH**	Radiologic examination, ankle; complete, minimum of 3 views **(Aug 2003)**	Radiologic examination, elbow; complete minimum of three views **(Aug. 2003)**	Radiologic examination, elbow; complete minimum of three views **(April 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**17.0**	**20.0**	**18.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**17.0**	**20.0**	**18.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**			
12		**Start: Following visit when decision for surgery or procedure made**			
27		**End: When patient enters office/facility for surgery/procedure**			
28		**SERVICE PERIOD**			
29		**Start: When patient enters office/facility for surgery/procedure:**			
30		**Pre-Service (of service period)**			
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**	
32	CA010	Obtain vital signs			
33	CA011	Provide education/obtain consent			
34	CA012	Review requisition, assess for special needs			
35	CA013	Prepare room, equipment and supplies	**1**	**1**	**2**
36	CA014	Confirm order, protocol exam			
37	CA015	Setup scope (nonfacility setting only)			
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**1**	**1**	**2**
39	CA017	Sedate/apply anesthesia			
40					
41					
42					
43		*Other activity: please include short clinical description here and type new in column A*			
44		*Other activity: please include short clinical description here and type new in column A*			
45		*Other activity: please include short clinical description here and type new in column A*			
46		**Intra-service (of service period)**			
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)			
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)			
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)			
50	CA021	Perform procedure/service---NOT directly related to physician work time	**6**	**8**	**6**
51					
52					
53					
54		*Other activity: please include short clinical description here and type new in column A*			
55		*Other activity: please include short clinical description here and type new in column A*			
56		*Other activity: please include short clinical description here and type new in column A*			
57		**Post-Service (of service period)**			
58	CA022	Monitor patient following procedure/service, multitasking 1:4			
59	CA023	Monitor patient following procedure/service, no multitasking			
60	CA024	Clean room/equipment by clinical staff	**2**	**2**	**3**
61	CA025	Clean scope			
62	CA026	Clean surgical instrument package			
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			
64	CA028	Review/read post-procedure x-ray, lab and pathology reports			
65	CA029	Check dressings, catheters, wounds			

	A	B	L	N	P
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***	**73610**	**73080**	**73080**
3		***RUC Collaboration Website***	Radiologic examination, ankle; complete, minimum of 3 views **(Aug 2003)**	Radiologic examination, elbow; complete minimum of three views **(Aug. 2003)**	Radiologic examination, elbow; complete minimum of three views **(April 2017)**
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 22 - X-Ray Elbow/Forearm** **Specialty: ACR, AAOS, ASSH**			
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**17.0**	**20.0**	**18.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**17.0**	**20.0**	**18.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
66	~~CA030~~	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**4**	**5**	**2**
67	CA031	Review examination with interpreting MD/DO			**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.			**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)			
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)			
71	CA035	Review home care instructions, coordinate visits/prescriptions			
72	CA036	Discharge day management	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**			
80		**POST-SERVICE PERIOD**			
81		**Start: Patient leaves office/facility**			
97		**End: with last office visit before end of global period**			
98	**Medical Supply Code**	**MEDICAL SUPPLIES**			
99	**SB026**	gown, patient	**1**	**1**	
106	**Equipment Code**	**EQUIPMENT**			
107	**ED053**	Professional PACS Workstation	**4**	**4**	**4**
108	**ED050**	PACS Workstation Proxy	**17**	**15**	**18**
109	**EL012**	room, basic radiology	**17**	**20**	**15**

	A	B	R	T	V
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***	**73590**	**73090**	**73090**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 22 - X-Ray Elbow/Forearm** **Specialty: ACR, AAOS, ASSH**	Radiologic examination; tibia and fibula, 2 views **(Sept. 2014)**	Radiologic examination; forearm, two views **(Aug. 2003)**	Radiologic examination; forearm, two views **(April 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**19.0**	**14.0**	**19.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**19.0**	**14.0**	**19.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**			
12		**Start: Following visit when decision for surgery or procedure made**			
27		**End: When patient enters office/facility for surgery/procedure**			
28		**SERVICE PERIOD**			
29		**Start: When patient enters office/facility for surgery/procedure:**			
30		**Pre-Service (of service period)**			
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**	**3**
32	CA010	Obtain vital signs			
33	CA011	Provide education/obtain consent			
34	CA012	Review requisition, assess for special needs			
35	CA013	Prepare room, equipment and supplies	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam			
37	CA015	Setup scope (nonfacility setting only)			
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia			
40					
41					
42					
43		*Other activity: please include short clinical description here and type new in column A*			
44		*Other activity: please include short clinical description here and type new in column A*			
45		*Other activity: please include short clinical description here and type new in column A*			
46		**Intra-service (of service period)**			
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)			
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)			
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)			
50	CA021	Perform procedure/service---NOT directly related to physician work time	**4**	**4**	**4**
51					
52					
53					
54		*Other activity: please include short clinical description here and type new in column A*			
55		*Other activity: please include short clinical description here and type new in column A*			
56		*Other activity: please include short clinical description here and type new in column A*			
57		**Post-Service (of service period)**			
58	CA022	Monitor patient following procedure/service, multitasking 1:4			
59	CA023	Monitor patient following procedure/service, no multitasking			
60	CA024	Clean room/equipment by clinical staff	**3**	**2**	**3**
61	CA025	Clean scope			
62	CA026	Clean surgical instrument package			
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			
64	CA028	Review/read post-procedure x-ray, lab and pathology reports			
65	CA029	Check dressings, catheters, wounds			

	A	B	R	T	V
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***	**73590**	**73090**	**73090**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 22 - X-Ray Elbow/Forearm** **Specialty: ACR, AAOS, ASSH**	Radiologic examination; tibia and fibula, 2 views **(Sept. 2014)**	Radiologic examination; forearm, two views **(Aug. 2003)**	Radiologic examination; forearm, two views **(April 2017)**
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**19.0**	**14.0**	**19.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**19.0**	**14.0**	**19.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
66	~~CA030~~	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**2**	**3**	**2**
67	CA031	Review examination with interpreting MD/DO	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)			
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)			
71	CA035	Review home care instructions, coordinate visits/prescriptions			
72	CA036	Discharge day management	**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**			
80		**POST-SERVICE PERIOD**			
81		**Start: Patient leaves office/facility**			
97		**End: with last office visit before end of global period**			
98	**Medical Supply Code**	**MEDICAL SUPPLIES**			
99	**SB026**	gown, patient	**1**	**1**	**1**
106	**Equipment Code**	**EQUIPMENT**			
107	**ED053**	Professional PACS Workstation	**4**	**3**	**4**
108	**ED050**	PACS Workstation Proxy	**19**	**14**	**19**
109	**EL012**	room, basic radiology	**13**	**14**	**13**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

X-Ray Heel

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. The Workgroup recommended the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time.

In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommendations in lieu of conducting a RUC survey. The Research Subcommittee had reviewed the recommendation made by the specialty societies to crosswalk times and values for these identified codes to other codes performed by the specialty societies. On the Research Subcommittee conference call, the specialty societies explained that when determining an appropriate crosswalk, they tried to find RUC reviewed codes that were similar in service and time, performed on a similar anatomical site, required similar number of views and required similar patient positioning. The Research Subcommittee agreed that the methodology employed by the specialty was appropriate for these services, noting past precedent of the Research Subcommittee approving a similar request for X-ray codes in 2010. As part of its discussion, the Subcommittee noted that it would not recommend for the specialty to propose using lower work RVU crosswalks to justify maintaining the value of higher work RVU codes.

73650 ***Radiologic examination; calcaneus, minimum of 2 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared CPT code 73650 to CPT code 73600 *Radiologic examination, ankle; 2 views* (work RVU of 0.16, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) and noted that both services should be valued similarly as both studies have identical intra-service and total times. In addition, CPT codes 73650 and 73600 describe minimum 2 views, require similar positioning and include 2 view radiologic examinations of similar anatomic regions, the hind foot and ankle, respectively. Therefore, the RUC recommends a direct work RVU crosswalk from code 73600 to 73650. **The RUC recommends a work RVU of 0.16 for CPT code 73650.**

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Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73650	Radiologic examination; calcaneus, minimum of 2 views	XXX	0.16 (No Change)

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April 5, 2017

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Re: X-Ray Crosswalks: Toe(s), Heel, Elbow & Forearm, Sacrum, Spine

Dear Dr. Smith,

The twenty codes listed below belong to families of x-ray codes identified by the CMS/Other utilization >100,000 screen. At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, the American Society for Surgery of the Hand, and the American Orthopaedic Foot and Ankle Society believe the proposed values for the x-ray services below are accurate and are supported by the following crosswalks to existing RUC surveyed codes.

Code	Descriptor	Proposed Work RVU	Crosswalk Code	Crosswalk Descriptor	Crosswalk Work RVU
73070	Radiologic examination, elbow; 2 views	0.15	**73600**	Radiologic examination, ankle; 2 views	0.16
73080	Radiologic examination, elbow; complete, minimum of 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
73090	Radiologic examination; forearm, 2 views	0.16	**73590**	Radiologic examination; tibia and fibula, 2 views	0.16
72200	Radiologic examination, sacroiliac joints; less than 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
72202	Radiologic examination, sacroiliac joints; 3 or more views	0.18	**73562**	Radiologic examination, knee; 3 views	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	0.17	**73630**	Radiologic examination, foot; complete, minimum of 3 views	0.17
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	**73600**	Radiologic examination, ankle; 2 views	0.16

73660	Radiologic examination; toe(s), minimum of 2 views	0.13	**73140**	Radiologic examination, finger(s), minimum of 2 views	0.13
72020	Radiologic examination, spine, single view, specify level	0.15	**73551**	Radiologic examination, femur; 1 view	0.16
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	**72083**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35
72070	Radiologic examination, spine; thoracic, 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72072	Radiologic examination, spine; thoracic, 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31

72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22

The specialties presented the crosswalk methodology to the Research Subcommittee for approval prior to the April 2017 RUC survey cycle. Following discussion, the Subcommittee agreed to allow the specialties to proceed with the crosswalk for the above codes in lieu of survey. New and revised vignettes and work descriptors, as enclosed in the accompanying document, were also reviewed and approved. Any adjustments made to existing times and values are tracked for reference.

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,

Kurt Schoppe, MD
ACR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

Brooke A. Bisbee, DPM
APMA RUC Advisor

Anne Miller-Breslow, MD
ASSH RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

Peter Mangone, MD
AOFAS RUC Advisor

X-Ray Elbow/Forearm (ACR, AAOS, ASSH)

	Code under review	Proposed crosswalk
CPT	**73070**	**73600**
Descriptor	Radiologic examination, elbow; 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both 73070 and 73600 describe 2 view radiologic examinations of joints, which are quite similar in that they include the articulation of two bones.	

	Code under review	Proposed crosswalk
CPT	**73080**	**73610**
Descriptor	Radiologic examination, elbow; complete, minimum of 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Apr 2010	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	Both 73080 and 73610 describe minimum 3 view radiologic examinations of joints, which are quite similar in that they include the articulation of three bones (i.e. the humerus, radius and ulna in the elbow and the tibia, fibula and talus in the ankle).	

	Code under review	Proposed crosswalk
CPT	**73090**	**73590**
Descriptor	Radiologic examination; forearm, 2 views	Radiologic examination; tibia and fibula, 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.	A 50-year-old female presents with a history of a fall and pain to her lower leg. AP and lateral views of the tibia and fibula are obtained to evaluate for fracture.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the tibia and fibula are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73090 and 73590 describe 2 view radiologic examinations of corresponding anatomic regions in the upper and lower extremity, respectively.	

X-Ray Sacrum (ACR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72200**	**73610**
Descriptor	Radiologic examination, sacroiliac joints; less than 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72200 describes a less than 3 view examination of the sacroiliac joints, which typically would include an AP view of both sacroiliac joints and an oblique view of the symptomatic joint. The evaluation of both sacroiliac joints on the AP and one joint on the oblique is similar to the evaluation of a unilateral ankle joint on 3 views, 73610.	

	Code under review	Proposed crosswalk
CPT	**72202**	**73562**
Descriptor	Radiologic examination, sacroiliac joints; 3 or more views	Radiologic examination, knee; 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	~~0.0363~~ 0.0338	0.0338
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.	A 27-year-old male presents with trauma to the left knee following a motor vehicle accident. Frontal, lateral, and sunrise views of the left knee are obtained to evaluate for injury.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the knee are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**~~0.19~~ 0.18**	**0.18**
Rationale for proposed crosswalk	72202 describes a minimum 3 view examination of both sacroiliac articulations, which is similar to the 3 view knee examination, 73562, which evaluates both the patellofemoral and tibiofemoral articulations.	

	Code under review	Proposed crosswalk
CPT	**72220**	**73630**
Descriptor	Radiologic examination, sacrum and coccyx, minimum of 2 views	Radiologic examination, foot; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.	A 45-year-old female presents with a complaint of acute foot pain. AP, lateral, and oblique views of the foot are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72220 describes a minimum 2 view radiologic examinations of the 5 sacral segments and 4 coccygeal segments, which is typically performed as a 3 view study similar to the typical 3 view examination of the foot.	

X-Ray Heel (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73650**	**73600**
Descriptor	Radiologic examination; calcaneus, minimum of 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus and fibula are obtained to evaluate for fracture.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73650 and 73600 describe minimum 2 view and 2 view radiologic examinations of similar anatomic regions, the hind foot and ankle, respectively.	

X-Ray Toe (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73660**	**73140**
Descriptor	Radiologic examination; toe(s), minimum of 2 views	Radiologic examination, finger(s), minimum of 2 views
RUC reviewed	Aug 1995 (CMS/Other)	~~Aug 2005~~April 2016
IWPUT	0.0284	~~0.0426~~0.0213
Pre-service time	1	1
Intra-service time	3	~~2~~ 4
Post-service time	1	1
Total time	**5**	**4 6**
Vignette	An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.	A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare the findings to previous studies, if applicable. • Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Communicate findings to referring physician, when needed. □□□□□□□□
Work RVU	**0.13**	**0.13**
Rationale for proposed crosswalk	Both 73660 and 73140 describe minimum 2 view radiologic examination of a digit(s).	

X-Ray Spine (ACR, ASNR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72020**	**73551**
Descriptor	Radiologic examination, spine, single view, specify level	Radiologic examination, femur; 1 view
RUC reviewed	Aug 1995 (CMS/Other)	Apr 2015
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.	A 24-year-old male presents with right femur fracture. Intraoperative planning for intramedullary rod placement is performed.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the femur. • The visualized joints and joint spaces, including the hip and knee, are assessed. The morphology and integrity of all visualized osseous structures are evaluated, the visualized superficial soft tissues are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed. □□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.□□□□□□□□□□□□□□□□
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both studies are single view examinations typically obtained to check alignment post reduction or for surgical planning.	

	Code under review	Proposed crosswalk
CPT	**72040**	**71100**
Descriptor	Radiologic examination, spine, cervical; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Jan 2012	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are multi-view examinations, typically 2 views, of complex anatomic regions.	

	Code under review	Proposed crosswalk
CPT	**72050**	**72082**
Descriptor	Radiologic examination, spine, cervical; 4 or 5 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72050 typically consists of AP, lateral and bilateral oblique views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72052**	**72083**
Descriptor	Radiologic examination, spine, cervical; 6 or more views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	~~0.0586~~ 0.0566	0.0436
Pre-service time	1	1
Intra-service time	5	7
Post-service time	2	1
Total time	**8**	**9**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 67-year-old female with degenerative scoliosis is undergoing radiographic evaluation to evaluate for dynamic instability prior to surgical correction.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. The morphology, alignment (both coronal and sagittal), and integrity of the vertebral bodies are assessed. Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.

Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.
Work RVU	**~~0.36~~ 0.35**	**0.35**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72083 typically involves AP, lateral and bending views of the thoracic and lumbar spine obtained on multiple images. Pairs of images are stitched together to form the AP, lateral and bending views. 72052 typically consists of AP, lateral, bilateral oblique, flexion and extension views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72070**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Sept 2014	Sept 2014 & Apr 2016
IWPUT	0.0584	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	1	1
Total time	**5**	**6**
Vignette	An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.□□□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72072**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression fracture.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72074**	**71100**
Descriptor	Radiologic examination, spine; thoracic, minimum of 4 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72080**	**71100**
Descriptor	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracolumbar junction of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72100**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72110**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; minimum of 4 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and

	communicated to the referring physician as needed.	signed, and findings are communicated to the referring physician.□□□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72110 typically consists of AP, lateral and bilateral oblique views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72114**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	~~0.0506~~ 0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□
Work RVU	~~**0.32**~~ **0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72114 typically consists of AP, lateral, bilateral oblique and bending views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72120**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lumbar region.	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73650 Tracking Number Original Specialty Recommended RVU: **0.16**
Presented Recommended RVU: **0.16**
Global Period: XXX Current Work RVU: **0.16** RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination; calcaneus, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus and fibula are obtained to evaluate for fracture.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD; William Creevy, MD; Brooke Bisbee, DPM; Lloyd Smith, DPM; Peter Mangone, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, American Orthopaedic Foot and Ankle Society				
CPT Code:	73650				
Sample Size: 0	**Resp N:** 0	**Response:** 0.0 %			
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	73650	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73600	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, ankle; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 73650	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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 heel x-ray code, 73650 *[Radiologic examination; calcaneus, minimum of 2 views]*, was identified by the CMS/Other Source – Utilization over 100,000 screen.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, and the American Orthopaedic Foot and Ankle Society, believe the existing values for these services are accurate and propose a specific crosswalk to an existing RUC surveyed code as support.

Recommended Crosswalk

CPT code 73650 *[Radiologic examination; calcaneus, minimum of 2 views]* is an X-ray procedure most often used when well-profiled, small field-of-view high-resolution images are needed to evaluate calcaneal fractures. This clinical scenario is very similar to that of Code 73600 *[Radiologic examination, ankle; 2 views]*, our proposed cross walk.

Pre, Intra, and Post Service Times

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time, and 1 minute of post-service time. These times are identical to the crosswalk and fit appropriately within the family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73650	**Radiologic examination; calcaneus, minimum of 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
73600	Radiologic examination, ankle; 2 views	0.16	1	3	1	5	0.0384

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed x-ray MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service

time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
73650	**Radiologic examination; calcaneus, minimum of 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendation for CPT Code 73650

Our expert panel recommends maintaining the current value of 73650 at 0.16 RVU with service period times of 1, 3, and 1 minutes. This valuation maintains relativity in the x-ray foot and ankle families.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73660	Radiologic examination; toe(s), minimum of 2 views	0.13	1	3	1	5	0.0284	Apr 2017
73600	Radiologic examination, ankle; 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73620	Radiologic examination, foot; 2 views	0.16	1	3	1	5	0.0384	Apr 2011
73650	**Radiologic examination; calcaneus, minimum of 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**	**Apr 2017**
73610	Radiologic examination, ankle; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009
73630	Radiologic examination, foot; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009

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) 73650

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 305538
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 73650 provided nationally in a one-year period is estimated to be 305,538.

Specialty Diagnostic Radiology Frequency 121904 Percentage 39.89 %

Specialty Orthopedic Surgery Frequency 70640 Percentage 23.11 %

Specialty Podiatry Frequency 68898 Percentage 22.54 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 101,846 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 the CPT code 73650 is billed approximately 101,846 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 40635 Percentage 39.89 %

Specialty Orthopedic Surgery Frequency 23547 Percentage 23.12 %

Specialty Podiatry Frequency 22966 Percentage 22.54 %

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 73650

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Heel

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
Sep-14	73600	Radiologic examination, ankle; 2 views		0.0384			0.16			5	1					3			1
CMS/Other	73650	Radiologic examination; calcaneus, minimum of 2 views		#DIV/0!			0.16			5									
REC	73650	Radiologic examination; calcaneus, minimum of 2 views		0.0384			0.16			5	1					3			1

CPT Code: 73650
Specialty Society: ACR, AAOS, APMA, AOFAS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

73650	Radiologic examination; calcaneus, minimum of 2 views

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), American Academy of Orthopaedic Surgeons (AAOS), American Podiatric Medical Association (APMA), American Orthopaedic Foot and Ankle Society (AOFAS) convened a consensus panel to finalize the practice expense data for the x-ray heel, CPT code 73650.

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 73650 on the spreadsheet to serve as a reference. We also included CPT code 73600 *(Radiologic examination, ankle; 2 views),* to which we are proposing to crosswalk the physician work

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **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 intraservice 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.

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:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Prepare room, equipment and supplies
- 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:*
Bring patient into x-ray room and have patient sit/lie on x-ray table or stand on imaging stand as appropriate. Place first cassette under patient's heel. Position patient's heel for the first view (typically the Harris view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under heel and place second cassette under patient's heel. Position patient's heel for second view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under heel. The above steps are repeated for any additional heel views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views 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, basic radiology (EL012)** [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	K
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODI**	**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***			**73600**	**73650**	**73650**
3		***RUC Collaboration Website***			Radiologic examination, ankle; 2 views		
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 23 - X-Ray Heel Specialty: ACR, AAOS, APMA, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**(September 2014)**	**Radiologic examination; calcaneus, minimum of two views (August 2003)**	**Radiologic examination; calcaneus, minimum of two views (April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**19.0**	**14.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**19.0**	**14.0**	**16.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**					
12		**Start: Following visit when decision for surgery or procedure made**					
27		**End: When patient enters office/facility for surgery/procedure**					
28		**SERVICE PERIOD**					
29		**Start: When patient enters office/facility for surgery/procedure:**					
30		**Pre-Service (of service period)**					
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	**3**	**3**	
32	CA010	Obtain vital signs					
33	CA011	Provide education/obtain consent					
34	CA012	Review requisition, assess for special needs					
35	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam					
37	CA015	Setup scope (nonfacility setting only)					
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia					
46		**Intra-service (of service period)**					
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)					
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)					
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)					
50	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	**4**	**4**	**4**
57		**Post-Service (of service period)**					
58	CA022	Monitor patient following procedure/service, multitasking 1:4					
59	CA023	Monitor patient following procedure/service, no multitasking					
60	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	**3**	**2**	**3**
61	CA025	Clean scope					

	A	B	D	E	G	I	K
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODI**	**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***			**73600**	**73650**	**73650**
3		***RUC Collaboration Website***			Radiologic examination, ankle; 2 views	**Radiologic examination; calcaneus, minimum of two views (August 2003)**	**Radiologic examination; calcaneus, minimum of two views (April 2017)**
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 23 - X-Ray Heel Specialty: ACR, AAOS, APMA, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**(September 2014)**		
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**19.0**	**14.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**19.0**	**14.0**	**16.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**
62	CA026	Clean surgical instrument package					
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
64	CA028	Review/read post-procedure x-ray, lab and pathology reports					
65	CA029	Check dressings, catheters, wounds					
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	**2**	**3**	**2**
67	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	**2**		**2**
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)					
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)					
71	CA035	Review home care instructions, coordinate visits/prescriptions					
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**					
80		**POST-SERVICE PERIOD**					
81		**Start: Patient leaves office/facility**					
97		**End: with last office visit before end of global period**					
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**			
99	SB026	gown, patient	0.533	item	**1**	**1**	
106	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**			
107	**EL012**	room, basic radiology	127750	Highly Technical Equipment Formula	**13**	**14**	**13**
108	**ED050**	PACS Workstation Proxy	5557	Other Formula	**19**	**14**	**16**
109	**ED053**	Professional PACS Workstation	14616.93	Other Formula	**4**	**3**	**4**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

X-Ray Toe

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. The Workgroup recommended the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time.

In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommendations in lieu of conducting a RUC survey. The Research Subcommittee had reviewed the recommendation made by the specialty societies to crosswalk times and values for these identified codes to other codes performed by the specialty societies. On the Research Subcommittee conference call, the specialty societies explained that when determining an appropriate crosswalk, they tried to find RUC reviewed codes that were similar in service and time, performed on a similar anatomical site, required similar number of views and required similar patient positioning. The Research Subcommittee agreed that the methodology employed by the specialty was appropriate for these services, noting past precedent of the Research Subcommittee approving a similar request for X-ray codes in 2010. As part of its discussion, the Subcommittee noted that it would not recommend for the specialty to propose using lower work RVU crosswalks to justify maintaining the value of higher work RVU codes.

73660 ***Radiologic examination; toe(s), minimum of 2 views***
The RUC reviewed the description of pre-service, intra-service and post-service work, expert panel recommendations and similar X-ray services which were recently RUC-reviewed and agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

To determine an appropriate work RVU, the RUC compared CPT code 73660 to CPT code 73600 *Radiologic examination, ankle; 2 views* (work RVU of 0.16, pre-service time of 1 minute, intra-service time of 3 minutes, post-service time of 1 minute) and noted that both studies have identical intra-service and total times and require two views, however the reference code service is more complex to perform and therefore the work RVU for 73660 should be less than 73600. The RUC also noted that in April 2016 they recommended maintaining the work RVU of 0.13 for CPT code 73140 *Radiologic examination, finger(s), minimum of 2 views*. Although CMS has not published its determination for CPT code 73140 at this time, this code is another appropriate reference for 73660. The RUC agreed that the current work RVU for 73660 of 0.13 should be maintained. **The RUC recommends a work RVU of 0.13 for CPT code 73660.**

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Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73660	Radiologic examination; toe(s), minimum of 2 views	XXX	0.13 (No Change)

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April 5, 2017

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Re: X-Ray Crosswalks: Toe(s), Heel, Elbow & Forearm, Sacrum, Spine

Dear Dr. Smith,

The twenty codes listed below belong to families of x-ray codes identified by the CMS/Other utilization >100,000 screen. At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, the American Society for Surgery of the Hand, and the American Orthopaedic Foot and Ankle Society believe the proposed values for the x-ray services below are accurate and are supported by the following crosswalks to existing RUC surveyed codes.

Code	Descriptor	Proposed Work RVU	Crosswalk Code	Crosswalk Descriptor	Crosswalk Work RVU
73070	Radiologic examination, elbow; 2 views	0.15	**73600**	Radiologic examination, ankle; 2 views	0.16
73080	Radiologic examination, elbow; complete, minimum of 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
73090	Radiologic examination; forearm, 2 views	0.16	**73590**	Radiologic examination; tibia and fibula, 2 views	0.16
72200	Radiologic examination, sacroiliac joints; less than 3 views	0.17	**73610**	Radiologic examination, ankle; complete, minimum of 3 views	0.17
72202	Radiologic examination, sacroiliac joints; 3 or more views	0.18	**73562**	Radiologic examination, knee; 3 views	0.18
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	0.17	**73630**	Radiologic examination, foot; complete, minimum of 3 views	0.17
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	**73600**	Radiologic examination, ankle; 2 views	0.16

73660	Radiologic examination; toe(s), minimum of 2 views	0.13	**73140**	Radiologic examination, finger(s), minimum of 2 views	0.13
72020	Radiologic examination, spine, single view, specify level	0.15	**73551**	Radiologic examination, femur; 1 view	0.16
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72052	Radiologic examination, spine, cervical; 6 or more views	0.35	**72083**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35
72070	Radiologic examination, spine; thoracic, 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72072	Radiologic examination, spine; thoracic, 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.31	**72082**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31

72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	**71100**	Radiologic examination, ribs, unilateral; 2 views	0.22

The specialties presented the crosswalk methodology to the Research Subcommittee for approval prior to the April 2017 RUC survey cycle. Following discussion, the Subcommittee agreed to allow the specialties to proceed with the crosswalk for the above codes in lieu of survey. New and revised vignettes and work descriptors, as enclosed in the accompanying document, were also reviewed and approved. Any adjustments made to existing times and values are tracked for reference.

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,

Kurt Schoppe, MD
ACR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

Brooke A. Bisbee, DPM
APMA RUC Advisor

Anne Miller-Breslow, MD
ASSH RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

Peter Mangone, MD
AOFAS RUC Advisor

X-Ray Elbow/Forearm (ACR, AAOS, ASSH)

	Code under review	Proposed crosswalk
CPT	**73070**	**73600**
Descriptor	Radiologic examination, elbow; 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both 73070 and 73600 describe 2 view radiologic examinations of joints, which are quite similar in that they include the articulation of two bones.	

	Code under review	Proposed crosswalk
CPT	**73080**	**73610**
Descriptor	Radiologic examination, elbow; complete, minimum of 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Apr 2010	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	Both 73080 and 73610 describe minimum 3 view radiologic examinations of joints, which are quite similar in that they include the articulation of three bones (i.e. the humerus, radius and ulna in the elbow and the tibia, fibula and talus in the ankle).	

	Code under review	Proposed crosswalk
CPT	**73090**	**73590**
Descriptor	Radiologic examination; forearm, 2 views	Radiologic examination; tibia and fibula, 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.	A 50-year-old female presents with a history of a fall and pain to her lower leg. AP and lateral views of the tibia and fibula are obtained to evaluate for fracture.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the tibia and fibula are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73090 and 73590 describe 2 view radiologic examinations of corresponding anatomic regions in the upper and lower extremity, respectively.	

X-Ray Sacrum (ACR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72200**	**73610**
Descriptor	Radiologic examination, sacroiliac joints; less than 3 views	Radiologic examination, ankle; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.	A 25-year-old male sustained an injury to the left ankle while skiing.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72200 describes a less than 3 view examination of the sacroiliac joints, which typically would include an AP view of both sacroiliac joints and an oblique view of the symptomatic joint. The evaluation of both sacroiliac joints on the AP and one joint on the oblique is similar to the evaluation of a unilateral ankle joint on 3 views, 73610.	

	Code under review	Proposed crosswalk
CPT	**72202**	**73562**
Descriptor	Radiologic examination, sacroiliac joints; 3 or more views	Radiologic examination, knee; 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	~~0.0363~~ 0.0338	0.0338
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.	A 27-year-old male presents with trauma to the left knee following a motor vehicle accident. Frontal, lateral, and sunrise views of the left knee are obtained to evaluate for injury.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the knee are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**~~0.19~~ 0.18**	**0.18**
Rationale for proposed crosswalk	72202 describes a minimum 3 view examination of both sacroiliac articulations, which is similar to the 3 view knee examination, 73562, which evaluates both the patellofemoral and tibiofemoral articulations.	

	Code under review	Proposed crosswalk
CPT	**72220**	**73630**
Descriptor	Radiologic examination, sacrum and coccyx, minimum of 2 views	Radiologic examination, foot; complete, minimum of 3 views
RUC reviewed	Aug 1995 (CMS/Other)	Oct 2009
IWPUT	0.0417	0.0417
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.	A 45-year-old female presents with a complaint of acute foot pain. AP, lateral, and oblique views of the foot are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare findings to previous studies. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Discuss findings with referring physician.
Work RVU	**0.17**	**0.17**
Rationale for proposed crosswalk	72220 describes a minimum 2 view radiologic examinations of the 5 sacral segments and 4 coccygeal segments, which is typically performed as a 3 view study similar to the typical 3 view examination of the foot.	

X-Ray Heel (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73650**	**73600**
Descriptor	Radiologic examination; calcaneus, minimum of 2 views	Radiologic examination, ankle; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014
IWPUT	0.0384	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus and fibula are obtained to evaluate for fracture.	A 35-year-old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ankle are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.16**	**0.16**
Rationale for proposed crosswalk	73650 and 73600 describe minimum 2 view and 2 view radiologic examinations of similar anatomic regions, the hind foot and ankle, respectively.	

X-Ray Toe (ACR, AAOS, APMA, AOFAS)

	Code under review	Proposed crosswalk
CPT	**73660**	**73140**
Descriptor	Radiologic examination; toe(s), minimum of 2 views	Radiologic examination, finger(s), minimum of 2 views
RUC reviewed	Aug 1995 (CMS/Other)	~~Aug 2005~~April 2016
IWPUT	0.0284	~~0.0426~~0.0213
Pre-service time	1	1
Intra-service time	3	~~2~~ 4
Post-service time	1	1
Total time	**5**	**4 6**
Vignette	An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.	A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• Supervise technologist performing the examination. • Interpret the examination and compare the findings to previous studies, if applicable. • Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. • Dictate report for the medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• Review and sign final report. • Communicate findings to referring physician, when needed. □□□□□□□□
Work RVU	**0.13**	**0.13**
Rationale for proposed crosswalk	Both 73660 and 73140 describe minimum 2 view radiologic examination of a digit(s).	

X-Ray Spine (ACR, ASNR, AAOS)

	Code under review	Proposed crosswalk
CPT	**72020**	**73551**
Descriptor	Radiologic examination, spine, single view, specify level	Radiologic examination, femur; 1 view
RUC reviewed	Aug 1995 (CMS/Other)	Apr 2015
IWPUT	0.0351	0.0384
Pre-service time	1	1
Intra-service time	3	3
Post-service time	1	1
Total time	**5**	**5**
Vignette	An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.	A 24-year-old male presents with right femur fracture. Intraoperative planning for intramedullary rod placement is performed.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the femur. • The visualized joints and joint spaces, including the hip and knee, are assessed. The morphology and integrity of all visualized osseous structures are evaluated, the visualized superficial soft tissues are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed. □□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.□□□□□□□□□□□□□□□□
Work RVU	**0.15**	**0.16**
Rationale for proposed crosswalk	Both studies are single view examinations typically obtained to check alignment post reduction or for surgical planning.	

	Code under review	Proposed crosswalk
CPT	**72040**	**71100**
Descriptor	Radiologic examination, spine, cervical; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Jan 2012	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are multi-view examinations, typically 2 views, of complex anatomic regions.	

	Code under review	Proposed crosswalk
CPT	**72050**	**72082**
Descriptor	Radiologic examination, spine, cervical; 4 or 5 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72050 typically consists of AP, lateral and bilateral oblique views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72052**	**72083**
Descriptor	Radiologic examination, spine, cervical; 6 or more views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
RUC reviewed	Jan 2012	Jan 2015
IWPUT	~~0.0586~~ 0.0566	0.0436
Pre-service time	1	1
Intra-service time	5	7
Post-service time	2	1
Total time	**8**	**9**
Vignette	An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.	A 67-year-old female with degenerative scoliosis is undergoing radiographic evaluation to evaluate for dynamic instability prior to surgical correction.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the cervical spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. The morphology, alignment (both coronal and sagittal), and integrity of the vertebral bodies are assessed. Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.

Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician when needed.
Work RVU	**~~0.36~~ 0.35**	**0.35**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72083 typically involves AP, lateral and bending views of the thoracic and lumbar spine obtained on multiple images. Pairs of images are stitched together to form the AP, lateral and bending views. 72052 typically consists of AP, lateral, bilateral oblique, flexion and extension views of the cervical spine.	

	Code under review	Proposed crosswalk
CPT	**72070**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Sept 2014	Sept 2014 & Apr 2016
IWPUT	0.0584	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	1	1
Total time	**5**	**6**
Vignette	An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.□□□□□	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72072**	**71100**
Descriptor	Radiologic examination, spine; thoracic, 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression fracture.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72074**	**71100**
Descriptor	Radiologic examination, spine; thoracic, minimum of 4 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracic spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams cover the same anatomic region, with one focused on the 12 thoracic vertebral bodies and the other the 12 thoracic ribs.	

	Code under review	Proposed crosswalk
CPT	**72080**	**71100**
Descriptor	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Aug 1995 (CMS/Other)	Sept 2014 & Apr 2016
IWPUT	0.0438	0.0438
Pre-service time	1	1
Intra-service time	4	4
Post-service time	1	1
Total time	**6**	**6**
Vignette	An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the thoracolumbar junction of the spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72100**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician as needed.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region.	

	Code under review	Proposed crosswalk
CPT	**72110**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; minimum of 4 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and

	communicated to the referring physician as needed.	signed, and findings are communicated to the referring physician.□□□□□□□□□□□□□□
Work RVU	**0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72110 typically consists of AP, lateral and bilateral oblique views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72114**	**72082**
Descriptor	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
RUC reviewed	Feb 2011	Jan 2015
IWPUT	~~0.0506~~ 0.0486	0.0442
Pre-service time	1	1
Intra-service time	5	6
Post-service time	2	1
Total time	**8**	**8**
Vignette	A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.	A 72-year-old female presents with chronic back pain and kyphosis. She is evaluated for coronal or sagittal imbalance.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The patient's clinical history and any prior applicable plain film or other imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The physician supervises the technologist performing the examination and interprets the radiographs of the spine. • All vertebrae are counted and labeled, and any transitional vertebrae or supernumerary vertebrae are noted. • The morphology, alignment, and integrity of the vertebral bodies are assessed. • Joint spacing and alignment, including the measurements of angles, pelvic tilt, and relative hip height, are evaluated. • Paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis are reviewed, and the examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are	• The final report is reviewed and signed, and findings are

	communicated to the referring physician as needed.	communicated to the referring physician.□□□□□□□
Work RVU	~~**0.32**~~ **0.31**	**0.31**
Rationale for proposed crosswalk	Both exams are multi-view examinations of complex anatomic regions. 72082 typically involves AP and lateral views of the thoracic and lumbar spine obtained on 4 images. Two images are stitched together to form the AP view and the other two stitched together to form the lateral view. 72114 typically consists of AP, lateral, bilateral oblique and bending views of the lumbosacral spine.	

	Code under review	Proposed crosswalk
CPT	**72120**	**71100**
Descriptor	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Radiologic examination, ribs, unilateral; 2 views
RUC reviewed	Feb 2011	Sept 2014 & Apr 2016
IWPUT	0.0509	0.0438
Pre-service time	1	1
Intra-service time	3	4
Post-service time	2	1
Total time	**6**	**6**
Vignette	A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.	A 65-year-old female presents with a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.
Work descriptors		
Pre-service	• Review the reason for the examination and any pertinent clinical history. • Review any prior applicable plain film or imaging studies.	• The reason for the examination, any pertinent clinical history, and any prior applicable plain film or imaging studies are reviewed.
Intra-service	• The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.	• The technologist performing the examination is supervised, and the radiographs of the ribs are interpreted. • Examination findings are compared to previous studies, if applicable. • A report is dictated for the patient's medical record.
Post-service	• The final report is reviewed and signed, and findings are communicated to the referring physician.	• The final report is reviewed and signed, and findings are communicated to the referring physician.
Work RVU	**0.22**	**0.22**
Rationale for proposed crosswalk	Both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lumbar region.	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73660 Tracking Number Original Specialty Recommended RVU: **0.13**
Presented Recommended RVU: **0.13**
Global Period: XXX Current Work RVU: **0.13** RUC Recommended RVU: **0.13**

CPT Descriptor: Radiologic examination; toe(s), minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.

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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; John Heiner, MD: William Creevy, MD; Brooke Bisbee, DPM; Lloyd Smith, DPM; Peter Mangone, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, American Orthopaedic Foot and Ankle Society				
CPT Code:	73660				
Sample Size: 0	**Resp N:** 0	**Response:** 0.0 %			
Description of Sample:					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
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**		

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:	73660	**Recommended Physician Work RVU: 0.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

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
70355	XXX	0.20	**RUC Time**	31,969

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,244,453

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Other Reference CPT Code	Global	Work RVU	Time Source
73140	XXX	0.13	**RUC Time**

CPT Descriptor Radiologic examination, finger(s), minimum of 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 73660	Top Key Reference CPT Code:	2nd Key Reference CPT Code:
Median Pre-Service Time	1.00	0.00	0.00
Median Intra-Service Time	3.00	0.00	0.00
Median Immediate Post-service Time	1.00	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	**5.00**	**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.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

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			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

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			

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 toe x-ray code, 73660 *[Radiologic examination; toe(s), minimum of 2 views]*, was identified by the CMS/Other Source – Utilization over 100,000 screen.

Work RVU Recommendations

At the October 2016 RUC meeting, the Relativity Assessment Workgroup strongly recommended that the societies consider using a direct crosswalk methodology to value these codes. The American College of Radiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, and the American Orthopaedic Foot and Ankle Society, believe the existing values for these services are accurate and propose a specific crosswalk to an existing RUC surveyed code as support.

Recommended Crosswalk

CPT code 73660 *[Radiologic examination; toe(s), minimum of 2 views]* is an X-ray procedure most often used when well-profiled, small field-of-view high-resolution images of an individual toe (or toes) are needed to evaluate toe pathologies such as subtle fractures. This clinical scenario is very similar to that of Code 73140 *[Radiologic examination; finger(s), minimum of 2 views]*, our proposed cross walk.

Pre, Intra, and Post Service Times

The specialties recommend 3 minutes of intra service time, which, while 1 minute less than the crosswalk, fits appropriately within the family. The recommended pre-service and post-service times are the same as for the cross walk and the other codes in the family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73660	**Radiologic examination; toe(s), minimum of 2 views**	**0.13**	**1**	**3**	**1**	**5**	**0.0284**
73140	Radiologic examination; finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213

MPC Codes

While there are several other x-ray codes on the MPC list, most are currently being addressed by CMS for 2018 and 2019. Our proposed x-ray MPC, 70355 *[Orthopantogram (eg, panoramic x-ray)]*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service

time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints. We have also included 90970 *[End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older]*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73660	**Radiologic examination; toe(s), minimum of 2 views**	**0.13**	**1**	**3**	**1**	**5**	**0.0284**
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendation for CPT Code 73660

Our expert panel recommends maintaining the current value of 73660 at 0.13 RVU with recommended service period times of 1, 3, and 1 minutes. This valuation maintains relativity in the x-ray foot and ankle families.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73660	**Radiologic examination; toe(s), minimum of 2 views**	**0.13**	**1**	**3**	**1**	**5**	**0.0284**	**Apr 2017**
73600	Radiologic examination, ankle; 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73620	Radiologic examination, foot; 2 views	0.16	1	3	1	5	0.0384	Apr 2011
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	1	3	1	5	0.0384	Apr 2017
73610	Radiologic examination, ankle; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009
73630	Radiologic examination, foot; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009

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) 73660

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 353469
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 73650 provided nationally in a one-year period is estimated to be 353,469.

Specialty Diagnostic Radiology Frequency 221400 Percentage 62.63 %

Specialty Orthopedic Surgery Frequency 31650 Percentage 8.95 %

Specialty Podiatry Frequency 27700 Percentage 7.83 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 117,823 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 the CPT code 73660 is billed approximately 117,823 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 73800 Percentage 62.63 %

Specialty Orthopedic Surgery Frequency 10550 Percentage 8.95 %

Specialty Podiatry Frequency 9220 Percentage 7.82 %

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 73660

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Toe

TAB: 24

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
Sep-14	73600	Radiologic examination, ankle; 2 views		0.0384			0.16			5	1					3			1
Apr-16	73140	Radiologic examination, finger(s), minimum of 2 views		0.0213			0.13			6	1					4			1
CMS/Other	73660	Radiologic examination; toe(s), minimum of 2 views		#DIV/0!			0.13			5									
REC	73660	Radiologic examination; toe(s), minimum of 2 views		0.0284			0.13			5	1					3			1

CPT Code: 73660
Specialty Society: ACR, AAOS, APMA, AOFAS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

73660	Radiologic examination; toe(s), minimum of 2 views

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), American Academy of Orthopaedic Surgeons (AAOS), American Podiatric Medical Association (APMA), American Orthopaedic Foot and Ankle Society (AOFAS) convened a consensus panel to finalize the practice expense data for the x-ray toe(s), CPT code 73660.

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 73660 on the spreadsheet to serve as a reference. We also included CPT code 73140 *(Radiologic examination, finger(s), minimum of 2 views),* to which we are proposing to crosswalk the physician work. 73140 was RUC-reviewed in April 2016.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **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.

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:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment and supplies
- 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:*

Bring patient into x-ray room and have patient sit/lie on x-ray table or stand on imaging stand as appropriate. Place first cassette under patient's toe. Position patient's toe for the first view (typically the dorsoplantar view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under toe and place second cassette under patient's toe. Position patient's toe for second view (typically the oblique view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under toe and place third cassette under patient's toe. Position patient's toe for third view (typically the lateral view, which typically requires placing a positioning aid to eliminate overlap of toes). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under toe. The above steps are repeated for any additional toes or views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views 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, basic radiology (EL012)** [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	F	H	J
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**	**CURRENT**	**RECOMMENDED**
2		***For more complete information about summaries and guidelines***			**73140**	**73660**	**73660**
3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 24 - X-Ray Toe Specialty: ACR, AAOS, APMA, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Radiologic examination, finger(s), minimum of 2 views (April 2016)**	**Radiologic examination; toe(s), minimum of two views (August 2003)**	Radiologic examination; toe(s), minimum of two views **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**21.0**	**17.0**	**21.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**21.0**	**17.0**	**21.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**					
12		**Start: Following visit when decision for surgery or procedure made**					
27		**End: When patient enters office/facility for surgery/procedure**					
28		**SERVICE PERIOD**					
29		**Start: When patient enters office/facility for surgery/procedure:**					
30		**Pre-Service (of service period)**					
31	**CA009**	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	**Radiologic Technologist**	**3**	**3**	**3**
32	CA010	Obtain vital signs					
33	CA011	Provide education/obtain consent					
34	CA012	Review requisition, assess for special needs					
35	**CA013**	Prepare room, equipment and supplies	**L041B**	**Radiologic Technologist**	**2**	**1**	**2**
36	CA014	Confirm order, protocol exam					
37	CA015	Setup scope (nonfacility setting only)					
38	**CA016**	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	**Radiologic Technologist**	**2**	**1**	**2**
39	CA017	Sedate/apply anesthesia					
40							
41							
42							
43		*Other activity: please include short clinical description here and type new in column A*					
44		*Other activity: please include short clinical description here and type new in column A*					
45		*Other activity: please include short clinical description here and type new in column A*					
46		**Intra-service (of service period)**					
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)					
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)					
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)					
50	**CA021**	Perform procedure/service---NOT directly related to physician work time	**L041B**	**Radiologic Technologist**	**6**	**6**	**6**
57		**Post-Service (of service period)**					
58	CA022	Monitor patient following procedure/service, multitasking 1:4					
59	CA023	Monitor patient following procedure/service, no multitasking					
60	**CA024**	Clean room/equipment by clinical staff	**L041B**	**Radiologic Technologist**	**3**	**2**	**3**
61	CA025	Clean scope					
62	CA026	Clean surgical instrument package					
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					

	A	B	D	E	F	H	J
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**	**CURRENT**	**RECOMMENDED**
2		***For more complete information about summaries and guidelines***			**73140**	**73660**	**73660**
3		***RUC Collaboration Website***			**Radiologic examination, finger(s), minimum of 2 views (April 2016)**	**Radiologic examination; toe(s), minimum of two views (August 2003)**	Radiologic examination; toe(s), minimum of two views **(April 2017)**
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 24 - X-Ray Toe Specialty: ACR, AAOS, APMA, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**			
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**21.0**	**17.0**	**21.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**21.0**	**17.0**	**21.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	**Radiologic Technologist**	**0.0**	**0.0**	**0.0**
64	CA028	Review/read post-procedure x-ray, lab and pathology reports					
65	CA029	Check dressings, catheters, wounds					
66	**CA030**	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	**Radiologic Technologist**	**2**	**4**	**2**
67	**CA031**	Review examination with interpreting MD/DO	**L041B**	**Radiologic Technologist**	**2**		**2**
68	**CA032**	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	**Radiologic Technologist**	**1**		**1**
69	CA033	Perform regulatory mandated quality assurance activity (service period)					
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)					
71	CA035	Review home care instructions, coordinate visits/prescriptions					
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**
79		**End: Patient leaves office**					
80		**POST-SERVICE PERIOD**					
81		**Start: Patient leaves office/facility**					
97		**End: with last office visit before end of global period**					
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**			
99	**SB026**	gown, patient	**0.533**	**item**		**1**	
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*					
106	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**			
107	**EL012**	room, basic radiology	**127750**	Highly Technical Equipment Formula	**15**	**17**	**15**
108	**ED050**	PACS Workstation Proxy	**5557**	Other Formula	**21**	**17**	**21**
109	**ED053**	Professional PACS Workstation	**14616.93**	Other Formula	**5**	**3**	**4**
110							
111							
112							
113		*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

X-Ray Esophagus

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 74220 was identified by this screen and 74210 and 74230 were identified as part of the same family of services. The Workgroup recommended the specialty societies survey these services for April 2017.

Compelling Evidence
The specialty society presented compelling evidence for codes 74210 and 74220. 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 these codes is justified by the survey data, comparisons with the key reference services, and to maintain relativity within the family and other x-ray examinations of the digestive system. The RUC accepted that there is compelling evidence that CPT codes 74210 and 74220 were originally valued using a flawed methodology.

74210 ***Radiologic examination; pharynx and/or cervical esophagus***
The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 3 minutes, intra-service time of 10 minutes and post-service time of 2 minute, resulting in a total of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 0.59and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.59, the RUC compared the survey code to MPC code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU = 0.50, intra-service time of 10 minutes, total time of 13 minutes) and noted that both services have identical intra-service time, whereas the survey code involves more total time, justifying a somewhat higher valuation. To further support a work RVU of 0.59, the RUC compared the survey code to MPC code 76830 *Ultrasound, transvaginal* (work RVU =0.69, intra-service time of 10 minutes, total time of 23 minutes) and noted that both services have identical intra-service time, whereas CPT code 76830 involves somewhat more total time. The RUC agreed that the proposed valuation is appropriately bracketed by both MPC codes. **The RUC recommends a work RVU of 0.59 for CPT code 74210.**

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74220 ***Radiologic examination; esophagus***
The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 3 minutes, intra-service time of 10 minutes and post-service time of 2 minutes, resulting in a total of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 0.67 and agreed that this value appropriately accounts for the physician work involved. The specialty noted and the RUC agreed that although both 74220 and 74210 take a similar amount of time to perform, 74220 is a more intense service to perform, indicating a somewhat higher work RVU is warranted. To justify a work RVU of 0.67, the RUC compared the survey code to MPC code 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* (work RVU = 0.88, intra-service time of 10 minutes, total time of 18 minutes) and noted that both services have identical intra-service time, whereas the reference code involves somewhat more total time, justifying a somewhat lower valuation for the survey code. To further support a work RVU of 0.67, the RUC compared the survey code to MPC code 76830 *Ultrasound, transvaginal* (work RVU of 0.69, intra-service time of 10 minutes, total time of 23 minutes) and noted that both services have identical intra-service time, whereas the survey code is a more intense service to perform. **The RUC recommends a work RVU of 0.67 for CPT code 74220.**

74230 ***Swallowing function, with cineradiography/videoradiography***
The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 2 minutes, intra-service time of 10 minutes and post-service time of 3 minutes, resulting in a total of 15 minutes. During the post-service period, the specialty explained and the RUC agreed that it is typical for the radiologist to discuss the study with the speech therapist, justifying a post-service time of 3 minutes.

The RUC reviewed the current work RVU of 0.53 recommended by the specialties and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.53, the RUC compared the survey code to MPC code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU =0.50, intra-service time of 10 minutes, total time of 13 minutes) and noted that both services have identical intra-service time, whereas the survey code involves more total time, justifying a somewhat higher valuation. To further support a work RVU of 0.53, the RUC compared the survey code to MPC code 76830 *Ultrasound, transvaginal* (work RVU = 0.69, intra-service time of 10 minutes, total time of 23 minutes) and noted that both services have identical intra-service time, whereas 76830 involves somewhat more total time. The RUC agreed that the proposed valuation of 0.53 is appropriately bracketed by both MPC codes. **The RUC recommends a work RVU of 0.53 for CPT code 74230.**

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Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
74210 **(f)**	Radiologic examination; pharynx and/or cervical esophagus	XXX	0.59
74220	Radiologic examination; esophagus	XXX	0.67
74230 **(f)**	Swallowing function, with cineradiography/videoradiography	XXX	0.53 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74210 Tracking Number Original Specialty Recommended RVU: **0.59**
Presented Recommended RVU: **0.59**
Global Period: XXX Current Work RVU: **0.36** RUC Recommended RVU: **0.59**

CPT Descriptor: Radiologic examination; pharynx and/or cervical esophagus

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with a history of oral cancer complains of difficulty swallowing and neck pain. A radiologic evaluation of the hypopharynx and upper esophagus is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and review available clinical documentation. Obtain updated clinical history and discuss examination with the patient. Review any prior applicable imaging studies.

Description of Intra-Service Work: Obtain scout fluoroscopic image of the neck in anteroposterior (AP) and lateral views prior to administration of oral substances. Observe patient under fluoroscopic guidance swallow thin and/or thick liquids in AP and lateral positions for pharynx and AP and oblique positions for cervical esophagus. Observe fluoroscopic real time images evaluating: (1) oral phase (moistening, mastication, trough formation, movement of bolus posteriorly); (2) pharyngeal phase (closure of nasopharynx, oropharynx preparation to receive bolus, closure of larynx, hyoid elevation, bolus transit to pharynx); and (3) esophageal phase (esophageal peristalsis, pharyngeal/laryngeal relaxation). Assess for common abnormalities, including: poor airway coverage (epiglottis dysfunction), penetration, aspiration, reflux, Zenker's/Killian Jamieson diverticula, cricopharyngeal achalasia, filling defects suggesting mass or retained foreign bodies, external compression (large thyroid, retropharyngeal carotid artery, large cervical osteophytes).
Review saved images and dictate report.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician and/or patient and patient's family as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Kurt A. Schoppe, MD; Daniel Wessell, MD					
Specialty(s):	American College of Radiology					
CPT Code:	74210					
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %		
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform radiography).					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**13.00**	49.00	200.00
Survey RVW:	0.35	0.59	**0.80**	0.90	1.59
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	6.00	**10.00**	13.00	20.00

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:	74210	**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:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74280	XXX	0.99	**RUC Time**

CPT Descriptor Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70450	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, head or brain; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**Other**	456,761

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,823,687

CPT Descriptor 2 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)

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:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74210	**Top Key Reference CPT Code:** 74280	**2nd Key Reference CPT Code:** **70450**
Median Pre-Service Time	3.00	5.00	4.00
Median Intra-Service Time	10.00	20.00	10.00
Median Immediate Post-service Time	2.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**32.00**	**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	6%	35%	47%	12%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	24%	47%	29%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	18%	59%	24%
Urgency of medical decision making	18%	65%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	59%	12%
Physical effort required	65%	24%	12%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	47%	29%	24%
Outcome depends on the skill and judgment of physician	18%	59%	24%
Estimated risk of malpractice suit with poor outcome	35%	53%	12%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	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	88%	13%	0%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	38%	50%	13%
Urgency of medical decision making	88%	13%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	38%	50%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	50%	0%	50%
Outcome depends on the skill and judgment of physician	0%	63%	38%
Estimated risk of malpractice suit with poor outcome	100%	0%	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 74220 *(Radiologic examination; esophagus)* was identified as potentially mis-valued through the CMS/Other utilization greater than 100,000 screen. The survey was expanded to include two other codes in this family, 74210 *(Radiologic examination; pharynx and/or cervical esophagus)*, and 74230 *(Swallowing function, with cineradiography/videoradiography)*, even though 74230 was surveyed for the January 2014 RUC meeting.

The times and work values of the existing codes are shown in the table below.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
74210	Radiologic examination; pharynx and/or cervical esophagus	0.36				9*	
74220	Radiologic examination; esophagus	0.46				10*	
74230	Swallowing function, with cineradiography	0.53	3	10	4	17	0.037

***** CMS/Other valued.

Survey Process

The American College of Radiology (ACR) conducted both a random sample and a random sample of a subset of members who indicated they performed x-ray imaging procedures. We assembled an expert panel to review the data and develop the following recommendations.

Summary of Recommendations for the Family

We are recommending the 25th percentile survey values for codes 74210 and 74220, which are increased from their current valuation of CMS/Other, but in line with other x-ray examinations of the digestive system. We recommend maintaining the current value for code 74230. We believe these work values and median times are supported by the survey data and comparison codes.

Compelling Evidence

We are requesting an increased value for two codes within this family, 74210 and 74220. The prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. An increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity within the family and other x-ray examinations of the digestive system.

Work RVU Recommendation:

We recommend a work RVU of 0.59 for 74210, which is the 25th percentile survey value.

Time Recommendation:

We recommend the median survey times of 3 minutes pre-service, 10 minutes intra-service, and 4 minutes post-service.

Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74280 *(Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon)* chosen by 34% of respondents, and 70450 *(Computed tomography, head or brain; without contrast material)* chosen by 16% of respondents.

Our recommendation for 74210 is less than both KRS. The surveyed code scored a similar or lower level of complexity on the majority of complexity measurements compared with the two KRS codes. These comparisons and relative values are appropriate given the less intense work in 74210, as indicated by the survey respondents compared with 70450 and the longer time in 74280 for similarly intense work in a comparable fluoroscopy study of the lower digestive tract.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74210	**Radiologic examination; pharynx and/or cervical esophagus**	0.59	**17**	**3**	**10**	**4**	**0.043**
70450	Computed tomography, head or brain; without contrast material	0.85	19	4	10	5	0.065
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	32	5	20	7	0.036

MPC Codes:

The surveyed code compares well with two MPC codes: 76830 *(Ultrasound, transvaginal)*, which has a slightly higher wRVU of 0.69 and total time of 23 minutes (pre-, intra-, and post-service times of 5, 10, and 8 minutes, respectively), and 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))*, which has the same intra-service time, but less post-service time.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT

92083	Visual field exam, extended	0.50	13	3	10	0	0.043
74210	**Radiologic examination; pharynx and/or cervical esophagus**	0.59	**17**	**3**	**10**	**4**	**0.043**
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.040

Conclusion

Our recommendations for 74210 maintain relativity in the family of esophageal fluoroscopy codes and are supported by both the survey data and comparison with other codes across the RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	Swallowing function, with cineradiography	0.53	15	2	10	3	0.042
74210	**Radiologic examination; pharynx and/or cervical esophagus**	**0.59**	**17**	**3**	**10**	**4**	**0.043**
74220	Radiologic examination; esophagus	0.67	17	3	10	4	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74210

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7011
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 74210 provided nationally in a one-year period is estimated to be 7,011.

Specialty Diagnostic Radiology Frequency 6810 Percentage 97.13 %

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? 2,337
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 74210 is billed approximately 2,337 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 2270 Percentage 97.13 %

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:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74210

If this code is a new/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:74220 Tracking Number Original Specialty Recommended RVU: **0.67**
Presented Recommended RVU: **0.67**
Global Period: XXX Current Work RVU: **0.46** RUC Recommended RVU: **0.67**

CPT Descriptor: Radiologic examination; esophagus

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with history of gastroesophageal reflux disease presents with progressive dysphagia. A radiologic evaluation of the esophagus is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and review available clinical documentation. Obtain updated clinical history and discuss examination with the patient. Review any prior applicable imaging studies.

Description of Intra-Service Work: Obtain scout fluoroscopic image of the neck, chest, and upper abdomen prior to administration of oral substances. Administer effervescent sodium bicarbonate crystals and water. Observe patient under fluoroscopic guidance swallow thin liquids and/or thick liquids while evaluating the pharynx and esophagus.
Assessment of the esophagus includes evaluation for aspiration, reflux, Zenker's/Killian Jamieson diverticula, Schatzk's ring, strictures, cricopharyngeal achalasia, filling defects suggesting mass or retained foreign bodies, mucosal abnormalities, hiatal hernia, external compression (large thyroid, retropharyngeal carotid artery, large cervical osteophytes). Observe patient under fluoroscopic guidance swallow water to assess for gastroesophageal reflux.
Observe patient under fluoroscopic guidance swallow a 13 mm barium tablet (if clinical concern for stricture or visible evidence of stricture). Obtain single AP fluoroscopic image of the abdomen (KUB). Review saved images and dictate report.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician and/or patient and patient's family as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Kurt A. Schoppe, MD; Daniel Wessell, MD					
Specialty(s):	American College of Radiology					
CPT Code:	74220					
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %		
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform radiography).					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	20.00	**50.00**	100.00	500.00	
Survey RVW:	0.40	0.67	**0.82**	0.95	1.00	
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	9.00	**10.00**	15.00	20.00	
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:	74220	**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:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74280	XXX	0.99	**RUC Time**

CPT Descriptor Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70450	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, head or brain; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**Other**	456,761

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99282	XXX	0.88	**RUC Time**	399,813

CPT Descriptor 2 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.

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: 19 **% of respondents:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 22.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74220	**Top Key Reference CPT Code:** 74280	**2nd Key Reference CPT Code:** **70450**
Median Pre-Service Time	3.00	5.00	4.00
Median Intra-Service Time	10.00	20.00	10.00
Median Immediate Post-service Time	2.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**32.00**	**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%	42%	47%	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	21%	58%	21%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	16%	68%	16%
Urgency of medical decision making	26%	63%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	26%	58%	16%
Physical effort required	58%	21%	21%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	47%	37%	16%
Outcome depends on the skill and judgment of physician	11%	63%	26%
Estimated risk of malpractice suit with poor outcome	32%	53%	16%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	55%	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	64%	36%	0%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	45%	45%	9%
Urgency of medical decision making	91%	9%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	45%	36%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	45%	0%	55%
Outcome depends on the skill and judgment of physician	18%	55%	27%
Estimated risk of malpractice suit with poor outcome	100%	0%	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 74220 *(Radiologic examination; esophagus)* was identified as potentially mis-valued through the CMS/Other utilization greater than 100,000 screen. The survey was expanded to include two other codes in this family, 74210 *(Radiologic examination; pharynx and/or cervical esophagus)*, and 74230 *(Swallowing function, with cineradiography/videoradiography)*, even though 74230 was surveyed for the January 2014 RUC meeting.

The times and work values of the existing codes are shown in the table below.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
74210	Radiologic examination; pharynx and/or cervical esophagus	0.36				9*	
74220	Radiologic examination; esophagus	0.46				10*	
74230	Swallowing function, with cineradiography	0.53	3	10	4	17	0.037

***** CMS/Other valued.

Survey Process

The American College of Radiology (ACR) conducted both a random sample and a random sample of a subset of members who indicated they performed x-ray imaging procedures. We assembled an expert panel to review the data and develop the following recommendations.

Summary of Recommendations for the Family

We are recommending the 25th percentile survey values for codes 74210 and 74220, which are increased from their current valuation of CMS/Other, but in line with other x-ray examinations of the digestive system. We recommend maintaining the current value for code 74230. We believe these work values and median times are supported by the survey data and comparison codes.

Compelling Evidence

We are requesting an increased value for two codes within this family, 74210 and 74220. The prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. An increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity within the family and other x-ray examinations of the digestive system.

Work RVU Recommendation:

We recommend a work RVU of 0.67 for 74220, which is also the 25th percentile survey value.

Time Recommendation:

We recommend the median survey times of 3 minutes pre-service, 10 minutes intra-service, and 4 minutes post-service.

Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74280 *(Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon)* chosen by 38% of respondents, and 70450 *(Computed tomography, head or brain; without contrast material)* chosen by 22% of respondents.

Our survey value recommendation for 74220 is less than both KRS. The surveyed code scored a slightly lower level of complexity on the majority of complexity measurements compared with the two KRS codes. These comparisons and relative values are appropriate given the less intense work in 74220 as indicated by the survey respondents compared with 70450 and the longer time in 74280 for similarly intense work in a comparable fluoroscopy study of the lower digestive tract.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74220	**Radiologic examination; esophagus**	**0.67**	**17**	**3**	**10**	**4**	**0.051**
70450	Computed tomography, head or brain; without contrast material	0.85	19	4	10	5	0.065
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	32	5	20	7	0.036

MPC Codes:

The surveyed code compares well with two MPC codes: 76830 *(Ultrasound, transvaginal)*, which has a slightly higher wRVU of 0.69 and total time of 23 minutes (pre-, intra-, and post-service times of 5, 10, and 8 minutes, respectively), and 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)*, which has similar times as 74220, but is appropriately valued higher given the higher intensity and complexity of the work in this code.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74220	**Radiologic examination;**	**0.67**	**17**	**3**	**10**	**4**	**0.051**

	esophagus						
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.040
99282	Emergency department E&M, low complexity	0.88	18	3	10	5	0.070

Conclusion

Our recommendations for 74220 maintain relativity in the family of esophageal fluoroscopy codes and are supported by both the survey data and comparison with other codes across the RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	Swallowing function, with cineradiography	0.53	15	2	10	3	0.042
74210	Radiologic examination; pharynx and/or cervical esophagus	0.59	17	3	10	4	0.043
74220	**Radiologic examination; esophagus**	**0.67**	**17**	**3**	**10**	**4**	**0.051**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74220

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? 583899
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 74220 provided nationally in a one-year period is estimated to be 583,899.

Specialty Diagnostic Radiology Frequency 550346 Percentage 94.25 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 194,633 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 74220 is billed approximately 194,633 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 183449 Percentage 94.25 %

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:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74220

If this code is a new/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:74230 Tracking Number Original Specialty Recommended RVU: **0.53**
Presented Recommended RVU: **0.53**
Global Period: XXX Current Work RVU: **0.53** RUC Recommended RVU: **0.53**

CPT Descriptor: Swallowing function, with cineradiography/videoradiography

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with a history of cerebral infarction presents with recurrent pneumonia. A swallowing function study is requested to evaluate for aspiration.

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 the request for appropriateness and review clinical history. Review any prior applicable studies. Confirm protocol with speech pathologist.

Description of Intra-Service Work: Obtain scout fluoroscopic image of the neck in anteroposterior (AP) and lateral views prior to administration of oral substances. Observe patient under fluoroscopic guidance swallow thin liquids, thick liquids, nectar thick liquids, soft solids, and hard solids in lateral position (and AP position when needed). Additional fluoroscopic observations frequently performed include observing: patient swallowing solids followed by liquid wash, and/or patient swallowing liquids with chin tuck positioning. Observe fluoroscopic real time and fluoroscopic video recordings evaluating: (1) oral phase (moistening, mastication, trough formation, movement of bolus posteriorly); (2) pharyngeal phase (closure of nasopharynx, oropharynx preparation to receive bolus, closure of larynx, hyoid elevation, bolus transit to pharynx); and (3) esophageal phase (esophageal peristalsis, pharyngeal/laryngeal relaxation). Assess for poor airway coverage (epiglottis dysfunction), penetration, aspiration, reflux, Zenker's/Killian Jamieson diverticula, cricopharyngeal achalasia, filling defects suggesting mass or retained foreign bodies, external compression (large thyroid, retropharyngeal carotid artery, large cervical osteophytes). Review obtained images and stored cinegraphic clips while dictating the report.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician and/or patient and patient's family as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD					
Specialty(s):	American College of Radiology					
CPT Code:	74230					
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %		
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform radiography).					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	16.00	**40.00**	100.00	400.00	
Survey RVW:	0.25	0.57	**0.70**	0.85	2.80	
Pre-Service Evaluation Time:			**2.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	8.00	**10.00**	15.00	30.00	
Immediate Post Service-Time:	**3.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74230	**Recommended Physician Work RVU: 0.53**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74280	XXX	0.99	**RUC Time**

CPT Descriptor Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70450	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, head or brain; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**Other**	456,761

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,823,687

CPT Descriptor 2 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)

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:** 36.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74230	**Top Key Reference CPT Code:** 74280	**2nd Key Reference CPT Code:** **70450**
Median Pre-Service Time	2.00	5.00	4.00
Median Intra-Service Time	10.00	20.00	10.00
Median Immediate Post-service Time	3.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**32.00**	**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	17%	39%	17%	22%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	50%	28%	22%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	45%	33%	22%
Urgency of medical decision making	28%	56%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	45%	33%	22%
Physical effort required	61%	17%	22%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	44%	28%	28%
Outcome depends on the skill and judgment of physician	50%	28%	22%
Estimated risk of malpractice suit with poor outcome	50%	33%	17%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	50%	17%	33%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	83%	0%	17%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	83%	17%	0%
Urgency of medical decision making	67%	33%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	17%	67%
Physical effort required	0%	17%	83%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	67%	0%	33%
Outcome depends on the skill and judgment of physician	33%	67%	0%
Estimated risk of malpractice suit with poor outcome	83%	0%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT Code 74220 *(Radiologic examination; esophagus)* was identified as potentially mis-valued through the CMS/Other utilization greater than 100,000 screen. The survey was expanded to include two other codes in this family, 74210 *(Radiologic examination; pharynx and/or cervical esophagus)*, and 74230 *(Swallowing function, with cineradiography/videoradiography)*, even though 74230 was surveyed for the January 2014 RUC meeting.

The times and work values of the existing codes are shown in the table below.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
74210	Radiologic examination; pharynx and/or cervical esophagus	0.36				9*	
74220	Radiologic examination; esophagus	0.46				10*	
74230	Swallowing function, with cineradiography	0.53	3	10	4	17	0.037

***** CMS/Other valued.

Survey Process

The American College of Radiology (ACR) conducted both a random sample and a random sample of a subset of members who indicated they performed x-ray imaging procedures. We assembled an expert panel to review the data and develop the following recommendations.

Summary of Recommendations for the Family

We are recommending the 25th percentile survey values for codes 74210 and 74220, which are increased from their current valuation of CMS/Other, but in line with other x-ray examinations of the digestive system. We recommend maintaining the current value for code 74230. We believe these work values and median times are supported by the survey data and comparison codes.

Compelling Evidence

We are requesting an increased value for two codes within this family, 74210 and 74220. The prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. An increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity within the family and other x-ray examinations of the digestive system.

Work RVU Recommendation:

We recommend a work RVU of 0.53 for 74230, which is the current value of this code.

Time Recommendation:

We recommend the median survey times of 2 minutes pre-service, 10 minutes intra-service, and 3 minutes post-service.

Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74280 *(Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon)* chosen by 36% of respondents, and 70450 *(Computed tomography, head or brain; without contrast material)* chosen by 12% of respondents. Our recommendation for 74230 is less than both KRS. The surveyed code scored uniformly lower on all of the intensity/complexity measurements compared with the two KRS codes.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	**Swallowing function, with cineradiography**	**0.53**	**15**	**2**	**10**	**3**	**0.042**
70450	Computed tomography, head or brain; without contrast material	0.85	19	4	10	5	0.065
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	32	5	20	7	0.036

MPC Codes:

The surveyed code compares well with two MPC codes: 76830 *(Ultrasound, transvaginal),* which has a slightly higher wRVU of 0.69 and total time of 23 minutes (pre-, intra-, and post-service times of 5, 10, and 8 minutes, respectively), and 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),* which has the same intra-service time, but less post-service time.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
92083	Visual field exam, extended	0.50	13	3	10	0	0.043
74230	**Swallowing function, with cineradiography**	**0.53**	**15**	**2**	**10**	**3**	**0.042**
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.0399

Conclusion

Our recommendations for 74230 maintain relativity in the family of esophageal fluoroscopy codes and are supported by both the survey data and comparison with other codes across the RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	**Swallowing function, with cineradiography**	**0.53**	**15**	**2**	**10**	**3**	**0.042**
74210	Radiologic examination; pharynx and/or cervical esophagus	0.59	17	3	10	4	0.043
74220	Radiologic examination; esophagus	0.67	17	3	10	4	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74230

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? 1061223

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 74230 provided nationally in a one-year period is estimated to be 1,061,223.

Specialty Diagnostic Radiology Frequency 948018 Percentage 89.33 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 353,741 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74230 provided nationally in a one-year period is estimated to be 353,741.

Specialty Diagnostic Radiology Frequency 316006 Percentage 89.33 %

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:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74230

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray of Esophagus

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	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	17	0.036			0.99			32	5					20			7
2nd REF	70450	Computed tomography, head or brain; without contrast material	8	0.065			0.85			19	4					10			5
CMS/Other	74210	Radiologic examination; pharynx and/or cervical esophagus		0.000			0.36			9									
SVY	74210	Radiologic examination; pharynx and/or cervical esophagus	50	0.064	0.35	0.59	0.80	0.90	1.59	17	3			2	6	10	13	20	4
ACR Targeted	74210	Radiologic examination; pharynx and/or cervical esophagus	33	0.0216	0.35	0.56	0.70	0.80	1.00	16	3			4	7	10	12	18	3
ACR Random	74210	Radiologic examination; pharynx and/or cervical esophagus	17	0.0208	0.41	0.83	0.90	0.99	1.59	19	4			2	6	10	15	20	5
REC	74210	Radiologic examination; pharynx and/or cervical esophagus		0.0478			0.59			15	3					10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	19	0.036			0.99			32	5					20			7
2nd REF	70450	Computed tomography, head or brain; without contrast material	11	0.065			0.85			19	4					10			5
CMS/Other	74220	Radiologic examination; esophagus		0.000			0.46			10									
SVY	74220	Radiologic examination; esophagus	50	0.066	0.40	0.67	0.82	0.95	1.00	17	3			2	9	10	15	20	4
ACR Targeted	74220	Radiologic examination; esophagus	33	0.0221	0.40	0.65	0.75	0.89	1.00	18	3			5	10	11	15	19	4
ACR Random	74220	Radiologic examination; esophagus	17	0.0208	0.41	0.83	0.90	0.99	0.99	19	4			2	7	10	12	20	5
REC	74220	Radiologic examination; esophagus		0.0558			0.67			15	3					10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	18	0.036			0.99			32	5					20			7
2nd REF	70450	Computed tomography, head or brain; without contrast material	6	0.065			0.85			19	4					10			5
CURRENT	74230	Swallowing function, with cineradiography/videoradiography		0.037			0.53			17	3					10			4
SVY	74230	Swallowing function, with cineradiography/videoradiography	50	0.059	0.25	0.57	0.70	0.85	2.80	15	2			2	8	10	15	30	3
ACR Targeted	74230	Swallowing function, with cineradiography/videoradiography	33	0.0160	0.25	0.50	0.65	0.80	1.00	14	2			2	8	10	15	30	2
ACR Random	74230	Swallowing function, with cineradiography/videoradiography	17	0.0181	0.36	0.66	0.81	0.85	2.80	18	3			2	7	10	15	30	5
REC	74230	Swallowing function, with cineradiography/videoradiography		0.0418			0.53			15	2					10			3

CPT Code: 74210, 74220, 74230
Specialty Society: ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

74210	Radiologic examination; pharynx and/or cervical esophagus
74220	Radiologic examination; esophagus
74230	Swallowing function, with cineradiography/videoradiography

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) convened a consensus panel to finalize the practice expense data for the x-ray esophagus CPT codes 74210, 74220, and 74230.

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 codes 74210, 74220, and 74230 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:

- **Prepare, set-up and start IV, initial positioning and monitoring of patient:** For 74230, extra time is required due to the complex nature of the patient, who is often debilitated and requires assistance.

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, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page (CA030):** The specialty feels that this was an oversight by CMS in transposing the January 2014 RUC-approved PE inputs into their database, as no PE refinements were indicated in the 2015 MPFS. This is a standard clinical activity for radiologists, for which CMS has allotted a minimum standard of 2 minutes.
- **Barium suspension (Polibar) (SH016):** the amounts of barium allocated to 74210 and 74220 are clinically necessary.

- **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.

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:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment and supplies
- 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:*

For X-ray esophagus (74210, 74220):
Bring patient into x-ray room and have patient stand on x-ray table or sit in a specially modified chair, as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

For swallowing function (74230):
Bring patient into x-ray room and have patient stand on x-ray table or sit in a specially modified chair, as appropriate. Position patient's neck for the first view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first

view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician or speech pathologist performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician and speech pathologist in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist or speech pathologist and repeat any views 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, radiographic-fluoroscopic (EL014)** [Highly technical equipment formula]
- **Chair with headrest, exam, reclining (EF008)** [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	F	H	J	N	P	T
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2		***standards/guidelines in column C. For***			**74210**	**74210**	**74220**	**74220**	**74230**	**74230**
3		***more complete information about***								
4	**Clinical Activity Code**	***RUC Collaboration Website*** **Meeting Date: April 2017** **Tab: X-Ray Esophagus** **Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination; pharynx and/or cervical esophagus **(January 2004)**	Radiologic examination; pharynx and/or cervical esophagus **(April 2017)**	Radiologic examination; esophagus **(January 2004)**	Radiologic examination; esophagus **(April 2017)**	Swallowing function, with cineradiography/ videoradiography **(January 2014)**	Swallowing function, with cineradiography/ videoradiography **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
27		**End: When patient enters office/facility for surgery/procedure**								
28		**SERVICE PERIOD**								
29		**Start: When patient enters office/facility for surgery/procedure:**								
30		**Pre-Service (of service period)**								
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist	3	3	3	3	3	
35	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	2	2	2	2	2	2
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	1	2	1	2	6	6
46		**Intra-service (of service period)**								
50	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	13	13	13	13	15	15
57		**Post-Service (of service period)**								
60	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	3	3	3	3	3	3
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	5	2	5	2		2
67	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		2		2	2	2
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		1		1	1	1
69	CA033	Perform regulatory mandated quality assurance activity (service period)								
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)								

	A	B	D	E	F	H	J	N	P	T
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2		***standards/guidelines in column C. For more complete information about***			**74210**	**74210**	**74220**	**74220**	**74230**	**74230**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: X-Ray Esophagus Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination; pharynx and/or cervical esophagus **(January 2004)**	Radiologic examination; pharynx and/or cervical esophagus **(April 2017)**	Radiologic examination; esophagus **(January 2004)**	Radiologic examination; esophagus **(April 2017)**	Swallowing function, with cineradiography/ videoradiography **(January 2014)**	Swallowing function, with cineradiography/ videoradiography **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
71	CA035	Review home care instructions, coordinate visits/prescriptions								
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
73		*Other activity: please include short clinical description here and type new in column A*								
74		*Other activity: please include short clinical description here and type new in column A*								
75		*Other activity: please include short clinical description here and type new in column A*								
76		**End: Patient leaves office**								
77		**POST-SERVICE PERIOD**								
95	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
96	SB026	gown, patient	0.533	item	1	1	1	1	1	
97	SH016	barium suspension (Polibar)	0.018	ml	1	150		100	60	
98	SH013	barium high density susp (11-12oz uou)	3.718	item			1	1	1	1
99	SH029	effervescent granules (Sparkles, EZ Gas) (4gm uou)	2.142	item			1	1		
100	SH017	barium, honey (Varibar)	0.217	ml					60	60
101	SH018	barium, nectar (Varibar)	0.021	ml					60	60
102	SH019	barium, pudding (Varibar)	0.217	ml					60	60
103	SJ061	tongue depressor	0.012	item					1	1
104	SK017	cookie (each)	0.06	item					1	1
105	SK020	drinking straw	0.01	item					1	1
106	SK077	spoon, plastic	0.026	item					2	2
108	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
109	ED053	Professional PACS Workstation	14616.93	Other Formula	5	12	5	12	12	11
110	ED050	PACS Workstation Proxy	5557	Other Formula	27	28	27	28	15	31
111	EL014	room, radiographic-fluoroscopic	367664	Highly Technical Equipment Formula	27	22	27	22	28	28
112	EF008	chair with headrest, exam, reclining	4836.33	Highly Technical Equipment Formula					28	28

	A	B	D	E	F	H	J	N	P	T
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
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5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

X-Ray Urinary Tract

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 74420 was identified by this screen. The Workgroup recommended the specialty societies survey this service for April 2017.

Compelling Evidence
The specialty societies presented compelling evidence for code 74420. The societies 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 societies also noted that an increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity with other imaging services. The RUC accepted that there is compelling evidence that 74420 was originally valued using a flawed methodology.

74420 ***Urography, retrograde, with or without KUB***
The urology survey respondents from the state of New York were voluntarily removed by the specialties when they were made aware that a non-specialty sponsored email was sent to urologists in the state of New York pertaining to this survey. Therefore, the survey results exclude any urology respondents from the state of New York.

The RUC reviewed the survey results from 219 urologists and radiologists and agreed with following physician time components: pre-service time of 5 minutes, intra-service time of 15 minutes and post-service time of 5 minutes. It was noted that unlike many other imaging services, since the physician is the one performing the fluoroscopy and evaluating the patient during the intra-service portion of the procedure, dictation happens during the post-service period for this code.

The RUC reviewed the survey 25th percentile work RVU of 0.52 and agreed that this value appropriately accounts for the physician work involved in performing this service. To justify a work RVU of 0.52, the RUC compared the survey code to MPC 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 of 0.52, intra-service time of 15 minutes, total time of 24 minutes) and noted that both services have identical intra-service time, similar total times and involve a similar amount of physician work. To

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further support a work RVU of 0.52, the RUC compared the survey code to top key reference code 74400 *Urography (pyelography), intravenous, with or without KUB, with or without tomography* (work RVU of 0.49, intra-service time of 15 minutes, total time of 25 minutes) and noted that both services have identical intra-service and total times, whereas 79% of the survey respondents that selected 74400 as their key reference service indicated that the survey code is overall a more intense and complex service to perform, supporting that a somewhat higher value for the survey code is warranted. **The RUC recommends a work RVU of 0.52 for CPT code 74420.**

Practice Expense

The Practice Expense Subcommittee agreed that there was compelling evidence that this service was previously misvalued as there are currently no direct practice expense inputs for this service in the non-facility setting, even though the Medicare claims data demonstrate that this service is on occasion performed in the office setting by urologists. The Practice Expense Subcommittee reduced the clinical staff time relative to the original proposal to reflect the way this is typical performed in a urology office, by reducing the time to zero for the following clinical activities:

- *Review patient clinical extant information and questionnaire*
- *Provide education/obtain consent*
- *Prepare room, equipment and supplies*
- *Prepare, set-up and start IV, initial positioning and monitoring of patient*

The Practice Expense Subcommittee also removed all IV supplies which did not reflect the typical patient in the office setting. The specialties noted and the Practice Expense Subcommittee agreed that the typical office does have a lead lined radiology room. The RUC reviewed and approved the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
74420	Urography, retrograde, with or without KUB	XXX	0.52

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74420 Tracking Number

Original Specialty Recommended RVU: **0.51**
Presented Recommended RVU: **0.52**
RUC Recommended RVU: **0.52**

Global Period: XXX Current Work RVU: **0.36**

CPT Descriptor: Urography, retrograde, with or without KUB

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient has hematuria. Retrograde urography is performed.

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: Review the clinical indications for the examination and any pertinent clinical history. Also review the results and images from any prior applicable imaging studies.

Description of Intra-Service Work: Review plain film images. Review and interpret the subsequent images as they are sequentially obtained over time including static images and dynamic fluoroscopic images.

Description of Post-Service Work: Dictate report for the medical record. Review and sign the final report

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Kurt Schoppe, MD, Daniel Wessell, MD		
Specialty(s):	American Urological Association/American College of Radiology		
CPT Code:	74420		
Sample Size:	4454	**Resp N:** 219	**Response:** 4.9 %
Description of Sample:	The AUA randomly surveyed 3104 members and the ACR randomly surveyed 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	60.00	500.00
Survey RVW:	0.17	0.52	**0.70**	1.00	74.00
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**	25.00	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:	74420	**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:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74400	XXX	0.49	**RUC Time**

CPT Descriptor Urography (pyelography), intravenous, with or without KUB, with or without tomography

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76872	XXX	0.69	**RUC Time**

CPT Descriptor Ultrasound, transrectal;

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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**	382,081

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
92002	XXX	0.88	**RUC Time**	224,673

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

Other Reference CPT Code	Global	Work RVU	Time Source
76830	XXX	0.69	**RUC Time**

CPT Descriptor Ultrasound, 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: 126 **% of respondents:** 57.5 **%**

Number of respondents who choose 2nd Key Reference Code: 62 **% of respondents:** 28.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 74420	**Top Key Reference CPT Code:** 74400	**2nd Key Reference CPT Code:** **76872**
Median Pre-Service Time	5.00	5.00	10.00
Median Intra-Service Time	15.00	15.00	15.00
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	**25.00**	**25.00**	**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	1%	3%	18%	51%	27%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	15%	50%	35%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	51%	44%
Urgency of medical decision making	3%	40%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	19%	79%
Physical effort required	3%	17%	80%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	11%	22%	67%
Outcome depends on the skill and judgment of physician	1%	30%	69%
Estimated risk of malpractice suit with poor outcome	9%	37%	55%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	15%	61%	21%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	6%	19%	74%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	34%	66%
Urgency of medical decision making	5%	26%	69%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	40%	56%
Physical effort required	3%	35%	61%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	19%	31%	50%
Outcome depends on the skill and judgment of physician	3%	40%	56%
Estimated risk of malpractice suit with poor outcome	16%	32%	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.

The American Urological Association (AUA) and the American College of Radiology (ACR) jointly surveyed 74420. This code was flagged on the CMS/other source – Utilization over 100,000 screen. The AUA requested a random sample of approximately 3,104 urologists from its general membership database and ACR requested 750 members from their membership database. The survey was sent to 4,454 individuals and of those individuals, the societies received a combined number of 219 responses for a response rate of 4.9%.

In 2015, 155,528 of these procedures were performed globally in the Medicare population so the number of responses to this survey meets the RUC criteria of 50 respondents as the minimum survey sample size for this code.

Both societies reviewed the results and agreed that the respondents' median service time of 15 minutes to complete this procedure was correct. Currently, the time reported in the RUC database is only 9 minutes. The RUC survey had a median work value of 0.70 and a 25th percentile value of 0.52. The majority (58%) of respondents selected *Urography (pyelography), intravenous, with or without KUB, with or without tomography*, 74400, as the primary reference code, which has a value of 0.49. An additional 28% of survey respondents chose 76872 *(Transrectal Ultrasound)* as the KRS, which has a value of 0.69 wRVU.

Based on the expert panel's review of the 74420 survey data, the KRS codes, and the panel member's experience with the procedure, the expert panel recommends an increase in value for this service to 0.52 wRVU, which is the 25th percentile value from the survey.

The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. As well, 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 current values. We believe this indicates both that the prior work and time values were incorrectly assigned.

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.

Additionally, the MPC 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)* has a work RVU of 0.52 and times of 2, 15, and 7 for the pre-, intra-, and post-service periods, respectively. Multiple other MPC codes with 15 minutes of intra-service time are valued between 0.50 and 1.08 work RVU. We believe the surveyed code (74420) fits appropriately within this range of services at the recommended value of 0.52 work RVU.

According to the RUC database, the claims data in Table 1 shows the breakdown between the professional component and the technical component with urology being the primary utilizer and the hospital or ambulatory surgery center as the typical site of service.

Table 1: Breakdown of Profession and Technical Components of 74420

	Global	Global	26-Modifier Professional Component	TC-Modifier Technical Component
Number of claims	1,422		154,106	244
Percent physician office		98.2%	0.94%	100%
Percent billed by urologist		87.7%	55.8%	90.6%

Although the "billed together" data released for this meeting reports that the Global version of 74420 is billed together with 52005 *(Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service)* 69% of the time, 74420 Global is rarely performed and is not the typical case. The RUC database shows that the vast majority of claims for 74420 are reported with the 26 modifier. As described in Table 2 below, when evaluating 74420-26 (the typical case), 74420 is only billed with 52205 about 9% of the time. Thus, for the typical case, we do not find that there is significant overlap with another procedure code.

Table 2: Breakdown of billed together data for 74420 and 52005

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	Percent Billed Together
74420		52005		56	81	69.1%
74420	26	52005		658	7626	8.6%

The AUA and the ACR are requesting a preservice time of 5 minutes, an intra-service time of 15 minutes, and an immediate post time of 5 minutes, which calculates a total time of 25 minutes to perform CPT code 74420, with the 25th percentile wRVU of 0.52.

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) 74420

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? Commonly

Specialty Diagnostic Radiology How often? Sometimes

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 claims data is unavailable

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? 155,528 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 claims data from RUC database

Specialty Urology Frequency 136383 Percentage 87.69 %

Specialty Diagnostic Radiology Frequency 17388 Percentage 11.17 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74420

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Urinary Tract

TAB: 26

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74400	Urography (pyelography), intravenous, with or	126	0.018			0.49			25	5					15			5					
2nd REF	76872	Ultrasound, transrectal;	62	0.016			0.69			35	10					15			10					
CMS/Other	74420	Urography, retrograde, with or without KUB		#DIV/0!			0.36			9														
ALL SVY MINUS NY	74420	Urography, retrograde, with or without KUB	219	0.017	0.17	0.52	0.70	1.00	74.00	35	10			2	10	15	25	90	10	0	12	30	60	500
SVY	74420	Urography, retrograde, with or without KUB	230	0.017	0.17	0.51	0.70	1.00	74.00	35	10			1	10	15	25	90	10	0	12	30	60	500
ACR - SVY	74420	Urography, retrograde, with or without KUB	11	0.038	0.36	0.42	0.49	0.50	0.75	15	3			3	6	10	11	30	2					
ACR - Targeted	74420	Urography, retrograde, with or without KUB	7	0.036	0.36	0.42	0.47	0.62	0.75	15	3			3	9	10	11	30	2					
ACR-Random	74420	Urography, retrograde, with or without KUB	4	0.048	0.40	0.47	0.49	0.49	0.50	14	4			4	4	7	13	20	3					
AUA - SVY	74420	Urography, retrograde, with or without KUB	219	0.018	0.17	0.55	0.72	1.02	74.00	35	10			1	10	15	25	90	10					
AUA MINUS NY	74420	Urography, retrograde, with or without KUB	208	0.018	0.17	0.55	0.72	1.05	74.00	35	10			2	10	15	25	90	10					
AUA NY ONLY	74420	Urography, retrograde, with or without KUB	11	0.017	0.20	0.55	0.69	1.00	70.20	36	6			1	13	20	20	30	10					
REC	74420	Urography, retrograde, with or without KUB		0.0197			0.52			25	5					15			5					

CPT Code: 74420
Specialty Society American Urological Association & American College Radiology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Urography, retrograde, with or without KUB

Global Period: XXX Meeting Date: April 26-29, 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 recommendations were developed by a Panel consisting of nine physicians who represents urologic and radiologic specialties from across the United States in single specialty groups in suburban and urban settings. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is 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 74420 does not have existing PE inputs. Therefore, the specialties have As such, we included the current direct practice expense inputs for 74400 *(Urography (pyelography), intravenous, with or without KUB, with or without tomography)* on the PE spreadsheet 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: N/A

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

CMS/Other – Currently there are no PE inputs for CPT code 74420.

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: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

- Confirm availability of prior images/studies
- Review patient clinical extant information and questionnaire

Service Period Clinical Activities:

Pre-Service (of Service Period):

- Provide education and obtain consent.

- Prepare room, equipment and supplies
- Confirm order and 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 time

Post-Service (of Service Period):

Post-Service Period Clinical Activities:

- Clean room/equipment by clinical staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting physician
- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.

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:* Radiology technician is performing this service:

Bring patient into x-ray room and have patient lie on x-ray table or stand on imaging stand as appropriate. Place first cassette under patient's pelvis. Position patient's pelvis for the first view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under pelvis and place second cassette under patient's pelvis. Position patient's pelvis for second view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under pelvis and place third cassette under patient's pelvis. Position patient's pelvis for third view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under pelvis. The above steps are repeated for any additional views to be obtained. All cassettes are then taken to the image reader. Run all three cassette through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views 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: We are adding clinical activities to perform this service in an office setting.

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.

We are using a radiology technician which has already been established.

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: Basic radiology room – Highly technical

- Room, basic radiology (EL012)-Highly technical formula
- PACS Workstation Proxy (ED050)– Other: Equal to the total clinical service period time
- Professional PACS Workstation (ED053)– Other: Equal to the physician work intra service time + ½ of the physician work pre-service 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	L
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**	**RECOMMENDED**
2		***For more complete information about summaries and guidelines***			**74400**	**74420**
3		***RUC Collaboration Website***			Urography (pyelography), intravenous, with or without KUB, with or without tomography **(March 2004)**	Urography, retrograde, with or without KUB **(April 2017)**
4	**Clinical Activity Code**	**Meeting Date: April 26-29, 2017 Tab: 26 Specialty: AUA/ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**		
5		**LOCATION**			**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**55.0**	**41.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**2.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**55.0**	**39.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**				
12		**Start: Following visit when decision for surgery or procedure made**				
13	CA001	Complete pre-service diagnostic and referral forms				
14	CA002	Coordinate pre-surgery services (including test results)				
15	CA003	Schedule space and equipment in facility				
16	CA004	Provide pre-service education/obtain consent				
17	CA005	Complete pre-procedure phone calls and prescription				
18	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist		2
19	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist		0
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
21						
22						
23						
24		*Other activity: please include short clinical description here and type new in column A*				
25		*Other activity: please include short clinical description here and type new in column A*				
26		*Other activity: please include short clinical description here and type new in column A*				
27		**End: When patient enters office/facility for surgery/procedure**				
28		**SERVICE PERIOD**				
29		**Start: When patient enters office/facility for surgery/procedure:**				
30		**Pre-Service (of service period)**				
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	3	0
32	CA010	Obtain vital signs				
33	CA011	Provide education/obtain consent	L041B	Radiologic Technologist	3	0
34	CA012	Review requisition, assess for special needs				
35	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	2	0
36	CA014	Confirm order, protocol exam				1
37	CA015	Setup scope (nonfacility setting only)				
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	1	0
39	CA017	Sedate/apply anesthesia				
40						
41						
42						
43		*Other activity: please include short clinical description here and type new in column A*				
44		*Other activity: please include short clinical description here and type new in column A*				
45		*Other activity: please include short clinical description here and type new in column A*				
46		**Intra-service (of service period)**				
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)				

	A	B	D	E	F	L
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6		**GLOBAL PERIOD**				
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**55.0**	**41.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**2.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**55.0**	**39.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)				
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)				
50	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	33	33

	A	B	D	E	F	L
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9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**55.0**	**39.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**
57		**Post-Service (of service period)**				
58	CA022	Monitor patient following procedure/service, multitasking 1:4				
59	CA023	Monitor patient following procedure/service, no multitasking				
60	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	3	0
61	CA025	Clean scope				
62	CA026	Clean surgical instrument package				
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
64	CA028	Review/read post-procedure x-ray, lab and pathology reports				
65	CA029	Check dressings, catheters, wounds				
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist		2
67	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	10	2
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist		1
69	CA033	Perform regulatory mandated quality assurance activity (service period)				
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)				
71	CA035	Review home care instructions, coordinate visits/prescriptions				
72	CA036	Discharge day management			**n/a**	**n/a**
73						
74						
75						
76		*Other activity: please include short clinical description here and type new in column A*				
77		*Other activity: please include short clinical description here and type new in column A*				
78		*Other activity: please include short clinical description here and type new in column A*				
79		**End: Patient leaves office**				
80		**POST-SERVICE PERIOD**				
81		**Start: Patient leaves office/facility**				
97		**End: with last office visit before end of global period**				

	A	B	D	E	F	L
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10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**		
99	SB026	gown, patient	0.533	item	1	0
100	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item	1	0
101	SB022	gloves, non-sterile	0.084	pair	1	0
102	SC051	syringe 10-12ml	0.184	item		0
103	SC026	needle, 15-16g	0.232	item		0
104	SC018	iv infusion set	1.112	item	1	
105	SC028	needle, 18-26g 105-3.5in, spinal	3.314	item	1	
106	SC030	needle, 19-25g, butterfly	0.232	item	1	
107	SC054	syringe 30 ml	0.63	item	1	
108		*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**	**PRICE**	**EQUIPMENT FORMULA**		
110	EF023	table, exam	1338.17	Highly Technical Equipment Formula		
111	EL012	room, basic radiology	127750	Highly Technical Equipment Formula	85	35
112	ED050	PACS Workstation Proxy	5557	Other Formula	55	39
113	ED053	Professional PACS Workstation	14616.93	Other Formula	18	20
114						
115						
116		*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

Fluoroscopy

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 76000 was identified by this screen and 76001 was included as part of the same family of services. The Workgroup recommended the specialty societies survey these services for April 2017.

Compelling Evidence
The specialty societies presented compelling evidence for code 76000. The societies 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 societies also noted that an increase in value for these codes is justified by the survey data, comparisons with the key reference services, and to maintain relativity with other imaging services. The RUC accepted that there is compelling evidence that 76000 was originally valued using a flawed methodology.

76000 ***Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)***
The RUC reviewed the survey results from 85 podiatrists and radiologists and agreed with following physician time components: pre-service time of 5 minutes, intra-service time of 10 minutes and post-service time of 5 minutes. It was noted that unlike many other imaging services, since the physician is the one performing the fluoroscopy and evaluating the patient during the intra-service portion of the procedure, dictation happens during the post-service period for this code.

The RUC noted that orthopedic surgery was given the opportunity to participate in the RUC survey process and actively chose not to participate in the valuation of this service.

The RUC observed that the majority of 76000-TC Medicare claims for this service were billed by a single mobile unit provider in California and the top 5 diagnostic codes for these TC claims all pertain to disorders of the back and spine. It appears that this is being done for pain physicians doing spine injections; it was noted that fluoroscopy is bundled into these underlying services. The RUC recommends that CMS should investigate the use of this service. Also, with the recent bundling of fluoroscopy into many different procedures, the RUC anticipates the volume for 76000 to greatly decrease going forward.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC reviewed the survey 25th percentile work RVU of 0.30 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.30, the RUC compared the survey code to MPC code 92568 *Acoustic reflex testing, threshold* (work RVU = 0.29, intra-service time of 8 minutes, total time of 10 minutes) and noted that with more intra-service and total time, a value of at least 0.30 work RVUs is supported for the survey code. To further support a work RVU of 0.30, the RUC compared the survey code to MPC code 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 of 0.30, intra-service time of 7 minutes, total time of 10 minutes) and noted that the survey code has more intra-service and total time. **The RUC recommends a work RVU of 0.30 for CPT code 76000.**

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)***
The specialty noted and the RUC confirmed that the volume has decreased in the past decade as more supervision and interpretation services have been bundled into the underlying procedure codes. The CPT code descriptor language includes several services for which imaging guidance has been bundled (i.e. endoscopy). Additionally, the CPT code descriptor describes a physician spending greater than one hour of professional service time helping another physician. It was the consensus at the RUC and from the presenting societies that this practice is rare, if not obsolete. The specialty societies stated that they intended to request deletion of code 76001 due to very low volume. The presenting specialties noted they suspect that when it is used, it is likely used to describe a service other than that intended by the code. **The RUC refers CPT code 76001 to the CPT Editorial Panel for deletion.**

Practice Expense
The Practice Expense Subcommittee discussed that previously this code has intra-service time in the service period for the clinical staff to *Perform procedure/service---NOT directly related to physician work tim*e (CA021), however the clinical staff time should actually be designated as clinical activity *Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)* (CA018). This change results in the clinical staff intra-service time being reduced from 23 minutes to 10 minutes in order to match the physician intra-service time. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee for CPT code 76000.

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
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	XXX	0.30
76001 **(f)**	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)	XXX	Refer to CPT for Deletion

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:76000 Tracking Number Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.30**

CPT Descriptor: Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient complains of persistent joint pain after a recent fall and has evidence of joint instability on physical exam, but only degenerative changes on prior radiographs. Real-time fluoroscopic evaluation of the joint is requested to assess for dynamic instability.

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%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams.

Description of Intra-Service Work: Position patient appropriately for evaluation. Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust patient positioning as needed. Evaluate real time fluoroscopy images with manipulation of the fluoroscope and/or joint as needed to appropriately answer the clinical question(s). Interpret all images resulting from the study. Include dedicated review of the target joint(s) as well as all visualized soft tissues and other osseous structures for unexpected abnormalities. 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; Brooke Bisbee, MD; Lloyd Smith, MD		
Specialty(s):	American College of Radiology, American Podiatric Medical Association		
CPT Code:	76000		
Sample Size:	2360	**Resp N:** 85	**Response:** 3.6 %
Description of Sample:	The ACR surveyed a total of 1,000 members (a random sample of 500 members and a separate random sample of 500 members who use fluoroscopy). APMA randomly surveyed 1,360 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**8.00**	40.00	1000.00
Survey RVW:	0.16	0.30	**0.50**	0.70	2.98
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	5.00	**10.00**	10.00	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 **0.00** 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:	76000	**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:	**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
73630	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, foot; complete, minimum of 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76857	XXX	0.50	**RUC Time**

CPT Descriptor Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92568	XXX	0.29	**RUC Time**	8,899

CPT Descriptor 1 Acoustic reflex testing, threshold

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
		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: 27 **% of respondents:** 31.7 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 9.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 76000	Top Key Reference CPT Code: 73630	2nd Key Reference CPT Code: **76857**
Median Pre-Service Time	5.00	1.00	5.00
Median Intra-Service Time	10.00	3.00	7.00
Median Immediate Post-service Time	5.00	1.00	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**	**5.00**	**17.00**
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%	63%	19%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	11%	30%	59%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	56%	44%
Urgency of medical decision making	0%	56%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	22%	78%
Physical effort required	0%	15%	85%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	4%	67%	30%
Outcome depends on the skill and judgment of physician	0%	37%	63%
Estimated risk of malpractice suit with poor outcome	0%	67%	33%

2nd 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	25%	63%	13%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	25%	75%	0%
Urgency of medical decision making	63%	38%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	50%	25%
Physical effort required	13%	50%	38%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	25%	50%	25%
Outcome depends on the skill and judgment of physician	13%	50%	38%
Estimated risk of malpractice suit with poor outcome	50%	50%	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 76000 *(Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy))*, 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 American Podiatric Medicine Association (APMA) performed random surveys of our members. The ACR also surveyed a random sample of members who indicated they performed musculoskeletal exams. The ACR and APMA gathered an expert panel to review the data and develop the following recommendations.

Compelling Evidence

We are recommending an increase in value for this code of 0.30 work RVUs compared to the existing value of 0.17. There are two considerations for compelling evidence. This is a CMS/Other code and the current time and value assignments were made using a flawed methodology. Additionally, the patient population upon which this code is performed and the specialty societies performing this service have changed. This code covers a range of services with fluoroscopy, which have commonly included the use of fluoroscopy during surgery by non-radiologists. This code is now being used more commonly to assess targeted musculoskeletal problems in joints, which is why its utilization by non-radiologists has increased such that Podiatry and Orthopedic surgery are now the dominant providers in the clinic; surgeons perform the plurality of this service in the hospital setting.

Work RVU Recommendation

We recommend a work RVU of 0.30, which corresponds to the 25th percentile survey value for this code.

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 compared with the existing CMS/Other time of 5 minutes.

Key Reference Services

Our recommendation is bracketed by the key reference services selected by the survey respondents. As was expected with a multi-specialty survey, the respondents selected a KRS they were most familiar with, which explains the comparison between a radiographic code by the podiatry respondents and an ultrasound code of

comparable work by the radiologists. In the table below, the two most common key reference services are compared with the recommendation for 76000 *(Fluoroscopy, less than 1 hour).*

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73630	Foot x-ray, minimum 3 views	0.17	5	1	3	1	0.042
76000	**Fluoroscopy, up to 1 hour**	**0.30**	**20**	**5**	**10**	**5**	**0.008**
76857	US Pelvis, limited	0.50	17	5	7	5	0.039

MPC Codes

Our recommendation compares favorably with two MPC codes, 92568 *(Acoustic Reflex testing, threshold)* and 92081 *(Visual Field Examination, limited).* Both of these MPC codes have fewer intra-service minutes than the surveyed code, but similar work values, which supports the relativity of this code within the RBRVS. Many codes within the schedule with similar times have higher work value assignments, but the presence of some non-intense work during the intra-service period of this code compared to these other services is reflected in the work recommendation. All three comparison codes are presented in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
92568	Acoustic Reflex Testing, threshold	0.29	10	1	8	1	0.031
76000	**Fluoroscopy, up to 1 hour**	**0.30**	**20**	**5**	**10**	**5**	**0.008**
92081	Visual Field Exam, limited	0.30	10	3	7		0.033

Conclusion

The compelling evidence, survey results, and comparison with applicable codes support an increase in value for this Fluoroscopy service 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) 76000

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 Podiatry How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 369393
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 76000 provided nationally in a one-year period is estimated to be 369,393.

Specialty Diagnostic Radiology Frequency 104330 Percentage 28.24 %

Specialty Podiatry Frequency 38775 Percentage 10.49 %

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? 123,131 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 76000 is billed approximately 123,131 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 34777 Percentage 28.24 %

Specialty Podiatry Frequency 12925 Percentage 10.49 %

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:
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 76000

If this code is a new/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: Fluoroscopy

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	73630	Radiologic examination, foot; complete, minimum of 3 views	27	0.042			0.17			5	1					3			1					
2nd REF	76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	8	0.039			0.50			17	5					7			5					
CMS/ Other	76000	Fluoroscopy (separate procedure), up to 1 hour		0.000			0.17			5														
SVY	76000	Fluoroscopy (separate procedure), up to 1 hour	85	0.028	0.16	0.30	0.50	0.70	2.98	20	5			3	5	10	10	25	5	0	1	8	40	1000
ACR - SVY	76000	Fluoroscopy (separate procedure), up to 1 hour	30	0.032	0.18	0.38	0.50	0.70	2.98	18	3			4	7	10	10	20	5					
APMA - SVY	76000	Fluoroscopy (separate procedure), up to 1 hour	55	0.035	0.16	0.20	0.50	0.59	0.90	18	5			3	5	8	11	25	5					
REC	76000	Fluoroscopy (separate procedure), up to 1 hour		0.0076			0.30			20	5					10			5					

CPT Code: 76000, 76001
Specialty Society: ACR, APMA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
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 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 American Podiatric Medical Association (APMA) convened a consensus panel to finalize the practice expense data for the fluoroscopy CPT code 76000.

There are no PE inputs for 76001.

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 76000 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:

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:

- **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.

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):

- Prepare room, equipment and supplies
- 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~~
- Assist physician or other qualified healthcare professional-directly related to physician work time (100% of physician intra-service time)

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:*

Office: Bring patient into x-ray room and have patient sit/lie on fluoroscopy table. Adjust settings on fluoroscopy machine to optimize imaging parameters for the patient and joint in question. Assist physician with positioning patient for stressed views of the joint under fluoroscopy, and help maintain stressed positions and reposition for dynamic images as appropriate. Review obtained fluoroscopy images for quality and appropriate coverage. Confirm with physician if appropriate images obtained.

Operating Room: Bring portable x-ray equipment into OR. Confirm with OR staff the area to be imaged. Without disrupting the sterile field (if still in place), position first cassette under body region to be examined. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct OR staff to clear the field. Take exposure for first view. Step from behind shielding. Take first cassette out from under the examined body region and place a second cassette as needed for additional images. The above steps are repeated for any additional views to be obtained. All cassettes are then taken to the image reader. Run all cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views 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.
- **Fluoroscopic system, mobile C-Arm (ER031)** [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	C	D	E	F	H
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more***				**76000**	**76000**
3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**REVISED A RUC 4/26/17** **Meeting Date: April 2017** **Tab: 27 - Fluoroscopy** **Specialty: ACR, APMA**	**Standards/ Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy) **(Sept 2002)**	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy) **(April 2017)**
5		**LOCATION**				**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**40.0**	**24.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**3.0**	**2.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**37.0**	**22.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**					
12		**Start: Following visit when decision for surgery or procedure made**					
13	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines				
14	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines				
15	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines				
16	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines				
17	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines				
18	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	**L041B**	Radiologic Technologist	3	2
19	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.				
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.				
27		**End: When patient enters office/facility for surgery/procedure**					
28		**SERVICE PERIOD**					
29		**Start: When patient enters office/facility for surgery/procedure:**					
30		**Pre-Service (of service period)**					
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.				
32	CA010	Obtain vital signs	Vital Sign Standards Level 0 (no vital signs taken) = 0 minutes Level 1 (1-3 vitals) = 3 minutes Level 2 (4-6 vitals) = 5				
33	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.				
34	CA012	Review requisition, assess for special needs	This is NOT standard. Rationale must be included on PE SOR.				
35	CA013	Prepare room, equipment and supplies	2 minute standard	**L041B**	Radiologic Technologist	3	2
36	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging				

	A	B	C	D	E	F	H
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more***				**76000**	**76000**
3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**REVISED A RUC 4/26/17** **Meeting Date: April 2017** **Tab: 27 - Fluoroscopy** **Specialty: ACR, APMA**	**Standards/ Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy) **(Sept 2002)**	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy) **(April 2017)**
5		**LOCATION**				**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**40.0**	**24.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**3.0**	**2.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**37.0**	**22.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	**0.0**	**0.0**
37	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.				
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	**L041B**	Radiologic Technologist	3	2
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard	**L041B**	Radiologic Technologist		10
57	CA021	Perform procedure/service---NOT directly related to physician work time				23	
58		**Post-Service (of service period)**					
61	CA024	Clean room/equipment by clinical staff	3 minute standard	**L041B**	Radiologic Technologist	3	3
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	This is NOT standard. Rationale must be included on PE SOR.				
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	This is NOT standard. Rationale must be included on PE SOR.				
66	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.				
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	This is NOT standard. Baseline time for this activity is 2 minute. For use in imaging services.	**L041B**	Radiologic Technologist	5	2
68	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	**L041B**	Radiologic Technologist		2
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	**L041B**	Radiologic Technologist		1
74							
80		**End: Patient leaves office**					
81		**POST-SERVICE PERIOD**					
82		**Start: Patient leaves office/facility**					
98		**End: with last office visit before end of global period**					
99	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**		
100	SB008	drape, sterile, c-arm, fluoro		4.504	item	1	1
107	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the	**PRICE**	**EQUIPMENT FORMULA**		
108	ED053	Professional PACS Workstation		14616.93	Other Formula	3	13
109	ED050	PACS Workstation Proxy		5557	Other Formula	37	22
110	ER031	fluoroscopic system, mobile C-Arm		73000	Highly Technical Equipment Formula	40	19

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

Ultrasound Exam - Scrotum

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 76870 was identified via this screen for review.

76870 *Ultrasound, scrotum and contents*
The RUC noted that the urology survey respondents from the state of New York were voluntarily removed by the specialties when they were made aware that a non-specialty sponsored email was sent to urologists in the state of New York pertaining to this survey. Therefore, the survey results exclude any urology respondents from the state of New York.

The RUC reviewed the survey results from 125 physicians and agreed with the following physician time component: pre-service time of 5 minutes, intra-service time of 12 minutes, and post-service time of 5 minutes, resulting in a total of 22 minutes. The RUC reviewed the existing work RVU of 0.64 which is below the 25th percentile RVU of 0.67, and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 0.64, the RUC referenced CPT code 76830 *Ultrasound, transvaginal* (work RVU=0.69, pre-service time of 5 minutes, intra-service time of 10 minutes, and post-service time of 8 minutes) and noted that both services have identical pre-service times, similar intra-services times, total times, and involve a similar amount of physician work and therefore should be valued similarly. The RUC also reviewed CPT code 76872 *Ultrasound, transrectal;* (work RVU=0.69, pre-service time of 10 minutes, intra-service time of 15 minutes, and a post-service time of 10 minutes) and noted that both services have similar intra-service times and that CPT code 76872 has identical to somewhat more overall complexity/ intensity, further supporting a work RVU of 0.64 for the survey code. **The RUC recommends a work RVU of 0.64 for CPT code 76870.**

Practice Expense
The RUC reviewed the direct practice expenses and removed clinical staff time to *Confirm availability of prior images/studies* (CA006) and *Review patient clinical extant information and questionnaire* (CA007) because the patient population in the office setting is unlikely to have previous, relevant images. The PE Subcommittee also removed the ultrasound probe condom (SB005). The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76870	Ultrasound, scrotum and contents	XXX	0.64 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76870 Tracking Number Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.64**
Global Period: XXX Current Work RVU: **0.64** RUC Recommended RVU: **0.64**

CPT Descriptor: Ultrasound, scrotum and contents

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with right testicular and scrotal pain. An ultrasound examination is ordered.

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 reason for the exam and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise the sonographer performing the exam. Interpret the ultrasound exam with evaluation of the testis, epididymis, and extra-testicular space bilaterally. Evaluate vascularity of the testis and epididymis bilaterally using color Doppler. Evaluate for presence of hydrocele, varicocele, or other scrotal fluid collection bilaterally. Compare the exam and correlate the findings to previous studies. Dictate report for the medical record.

Description of Post-Service Work: Discuss and explain findings to the patient as needed. Review and sign final report. Communicate findings to referring clinician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD; Thomas Turk, MD, James Dupree, MD				
Specialty(s):	American College of Radiology, American Urological Association				
CPT Code:	76870				
Sample Size:	3789	**Resp N:**	125	**Response:** 3.2 %	
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 ultrasound exams). The AUA randomly sampled 3,039 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**18.00**	50.00	600.00
Survey RVW:	0.08	0.68	**0.75**	0.85	60.00
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	10.00	**12.00**	15.00	35.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76870	**Recommended Physician Work RVU: 0.64**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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
76872	XXX	0.69	**RUC Time**

CPT Descriptor Ultrasound, transrectal;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
76519	XXX	0.54	**RUC Time**	330,649

CPT Descriptor 1 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,683

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
76830	XXX	0.69	**RUC Time**

CPT Descriptor Ultrasound, 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: 20 **% of respondents:** 16.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 12.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 76870	Top Key Reference CPT Code: 76700	2nd Key Reference CPT Code: **76872**
Median Pre-Service Time	5.00	5.00	10.00
Median Intra-Service Time	12.00	11.00	15.00
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	**22.00**	**21.00**	**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%	10%	60%	30%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	40%	40%	20%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	20%	65%	15%
Urgency of medical decision making	5%	25%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	50%	40%
Physical effort required	10%	55%	35%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	5%	45%	50%
Outcome depends on the skill and judgment of physician	0%	45%	55%
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%	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	6%	25%	69%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	13%	56%	31%
Urgency of medical decision making	0%	31%	69%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	56%	38%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	25%	44%	31%
Outcome depends on the skill and judgment of physician	0%	63%	38%
Estimated risk of malpractice suit with poor outcome	0%	31%	69%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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 76870 *(Ultrasound, scrotum and contents)* 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 American Urological Association (AUA) performed random surveys of our members. The ACR also randomly surveyed a subset of members who indicated they performed ultrasound exams. The ACR and AUA gathered an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:

We recommend a work RVU of 0.64, which corresponds to the existing value for this code. This recommendation is lower than the 25th percentile survey value of 0.67 RVUs.

Time Recommendation:

We recommend the median survey times: 5 minutes pre-service, 12 minutes intra-service, and 5 minutes post-service. This is a total time of 22 minutes compared to the existing CMS/Other time of 19 minutes.

Key Reference Services

Our recommendation compares favorably with the key reference services selected by the survey respondents. As was expected with a multi-specialty survey, the respondents selected a KRS they were most familiar with. In the table below, the five most common key reference services are compared with the recommendation for 76870 *(Ultrasound Scrotum),* which account for 62% of the survey respondents.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
76705	US Abdomen, limited	0.59	18	5	8	5	0.046	10%
76870	**US Scrotum**	**0.64**	**22**	**5**	**12**	**5**	**0.035**	
76830	US Transvaginal	0.69	23	5	10	8	0.040	10%
76872	US Transrectal	0.69	35	10	15	10	0.016	13%
76776	US Transplanted Kidney w/Doppler	0.76	20	5	10	5	0.054	13%
76700	US Abdomen, complete	0.81	21	5	11	5	0.053	16%

MPC Codes

Our recommendation compares favorably with two other MPC codes that are also ultrasound exams, 76830 *(Ultrasound, transvaginal)* and 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). An additional non-radiology MPC code that provides an appropriate reference point is 76519 *(Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation).* All three comparison codes are presented in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76519	Ophthalmic biometry by US, A-scan	0.54	17	12	5		0.054
76870	**US Scrotum**	**0.64**	**22**	**5**	**12**	**5**	**0.035**
76815	US Pregnant Uterus, limited	0.65	15.5	5	5.5	5	0.078
76830	US Transvaginal	0.69	23	5	10	8	0.040

Conclusion

The survey results and comparison with applicable codes support maintaining the existing value for 76870 *(Ultrasound, scrotum and contents)* at 0.64 RVU, with service period times of 5, 12, and 5 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) 76870

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 Urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 398400

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 76870 provided nationally in a one-year period is estimated to be 398,400.

Specialty Radiology Frequency 325900 Percentage 81.80 %

Specialty Urology Frequency 45200 Percentage 11.34 %

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? 132,800 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 76870 is billed approximately 132,800 times in total for Medicare patients nationally in a one-year period.

Specialty Radiology Frequency 108600 Percentage 81.77 %

Specialty Urology Frequency 15100 Percentage 11.37 %

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 76870

If this code is a new/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: Ultrasound Exam - Scrotum

TAB: 28

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	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	20	0.053			0.81			21	5					11			5						
2nd REF	76872	Ultrasound, transrectal;	16	0.016			0.69			35	10					15			10						
2nd REF	76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	16	0.054			0.76			20	5					10			5						
3rd REF	76830	Ultrasound, transvaginal	13	0.040			0.69			23	5					10			8						
3rd 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						
CMS/Other	76870	Ultrasound, scrotum and contents		#DIV/0!			0.64			19															
ALL SVY Minus AUA	76870	Ultrasound, scrotum and contents	125	0.044	0.08	0.68	0.75	0.85	60.00	22	5			2	10	12	15	35	5	0	3	18	50	600	NEW
SVY	76870	Ultrasound, scrotum and contents	136	0.044	0.08	0.67	0.75	0.85	60.00	22	5			2	10	12	15	35	5	0	3	17	50	600	
ACR - SVY	76870	Ultrasound, scrotum and contents	30	0.059	0.50	0.69	0.77	0.82	1.28	18	3			6	8	10	14	30	5						
ACR - Targeted	76870	Ultrasound, scrotum and contents	21	0.081	0.50	0.69	0.78	0.82	1.28	14	3			6	8	8	15	25	3						
ACR - Random	76870	Ultrasound, scrotum and contents	9	0.058	0.58	0.70	0.76	0.81	1.10	18	3			7	8	10	11	30	5						
AUA - SVY	76870	Ultrasound, scrotum and contents	106	0.028	0.08	0.65	0.75	0.92	60.00	30	8			2	10	14	18	35	8						
AUA Minus NY	76870	Ultrasound, scrotum and contents	95	0.033	0.08	0.65	0.75	0.93	60.00	28	8			2	10	12	18	35	8						NEW
AUA NY Only	76870	Ultrasound, scrotum and contents	11	0.025	0.50	0.64	0.71	0.83	3.67	30	10			3	10	15	18	20	5						NEW
REC	76870	Ultrasound, scrotum and contents		0.0347			0.64			22	5					12			5						

CPT Code: 76870
Specialty Society: ACR, AUA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

76870	Ultrasound, scrotum and contents

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 the American Urological Association (AUA) convened a consensus panel to finalize the practice expense data for ultrasound of the scrotum, CPT code 76870.

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 76870, as well as CPT codes 76830 *(Ultrasound, transvaginal)* and 76872 *(Ultrasound, transrectal;)* as references.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

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:

- **Review patient clinical extant information and questionnaire** – In the 2017 MPFS, Table 5, CMS approved 2 minutes as typical for *"Patient clinical information and questionnaire reviewed ~~by technologist~~, order ~~from physician~~ confirmed and exam protocoled/prepared ~~by radiologist.~~"* The PE Spreadsheet Workgroup divided up the clinical activity into two separate line items, resulting in 1 minute standard for this line item (see question 6).
- **Confirm order, protocol exam** – In the 2017 MPFS, Table 5, CMS approved 2 minutes as typical for *"Patient clinical information and questionnaire reviewed ~~by technologist~~, order ~~from physician~~ confirmed and exam protocoled/prepared ~~by radiologist.~~"* The PE Spreadsheet Workgroup divided up the clinical activity into two separate line items, resulting in 1 minute standard for this line item (see question 6).
- **Clean probe –** Additional time required to clean the ultrasound probe.
- **SB042: towel, non-sterile** – Used for positioning the scrotum.

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:

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
  - Patient clinical information and questionnaire reviewed
- Service period
  - Order confirmed and exam protocoled/prepared"

The time is 1 minute for each item CA007 and CA014 because the original input standard time was 2 minutes.

7. Please describe in detail the clinical activities of your staff below:
Pre-Service Period Clinical Activities:

- Confirm availability of prior images/studies
- Review patient clinical extant information and questionnaire

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- 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 time

Post-Service (of Service Period):

- Clean room/equipment by clinical staff
- Clean probe
- 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 the patient on the table and using a towel to lift the scrotum, apply small amount of ultrasound gel on patient's scrotum. Set appropriate scan parameters on the ultrasound machine. Obtain static grey-scale images of the testis in transverse and longitudinal planes. Obtain three perpendicular measurements of the testis. Assess testis for focal masses or calcifications. Assess parenchymal flow to each testis using color and spectral Doppler. Obtain static gray-scale images of the epididymis. Assess parenchymal flow to the epididymis using color Doppler. Obtain additional grey-scale images of the extra-testicular spaces. Assess for hydrocele, varicocele (before and during Valsalva maneuvers), and any additional scrotal fluid collection. Obtain cine image of the testis. Repeat these steps for the contralateral testis. Obtain static grey-scale images demonstrating both testes in a single image. Evaluate the inguinal canals before and during Valsalva maneuvers to assess

for hernias and spermatic cord lesions. Check the adequacy of the obtained images, and obtain any additional images as needed. Clean gel from patient's scrotum.

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:

Although there was a clinical activity line item for "clean scope," there wasn't one for "clean probe" and the specialties wanted to be clear.

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, ultrasound, general (EL015)** [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	C	D	E	F	H
1	**RUC Practice Expense Spreadsheet**					**EFERENCE COD**	**EFERENCE COD**
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***				**76830**	**76872**
3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**REVISED AT RUC 4.26.17** **Meeting Date: April 2017** **Tab: 28 - Ultrasound Scrotum** **Specialty: ACR, AUA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Ultrasound, transvaginal **(April 2012 RUC)**	Ultrasound, transrectal; **(April 2012 RUC)**
5		**LOCATION**				**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**42.0**	**48.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**3.0**	**3.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**39.0**	**45.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**					
12		**Start: Following visit when decision for surgery or procedure made**					
13	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines				
14	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0*				
15	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0*				
16	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0*				
17	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0*				
18	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	**L051B**	RN/Diagnostic Medical Sonographer	3	3
19	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	**L051B**	RN/Diagnostic Medical Sonographer		
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.				
27		**End: When patient enters office/facility for surgery/procedure**					
28		**SERVICE PERIOD**					
29		**Start: When patient enters office/facility for surgery/procedure:**					
30		**Pre-Service (of service period)**					
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L051B	RN/Diagnostic Medical Sonographer	3	3
32	CA010	Obtain vital signs	Vital Sign Standards Level 0 (no vital signs taken) = 0 minutes Level 1 (1-3 vitals) = 3 minutes Level 2 (4-6 vitals) = 5 minutes	L051B	RN/Diagnostic Medical Sonographer		3
33	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L051B	RN/Diagnostic Medical Sonographer		3
34	CA012	Review requisition, assess for special needs	This is NOT standard. Rationale must be included on PE SOR.				
35	CA013	Prepare room, equipment and supplies	2 minute standard	L051B	RN/Diagnostic Medical Sonographer	3	3
36	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L051B	RN/Diagnostic Medical Sonographer		
37	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.				
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L051B	RN/Diagnostic Medical Sonographer	3	3
39	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA				
46		**Intra-service (of service period)**					
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard				
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	This is NOT standard				
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	This is NOT standard Percentage must be included on PE SOR				
50	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L051B	RN/Diagnostic Medical Sonographer	20	20

	A	B	C	D	E	F	H
1	**RUC Practice Expense Spreadsheet**					**EFERENCE COD**	**EFERENCE COD**
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3		***RUC Collaboration Website***					
4	**Clinical Activity Code**	**REVISED AT RUC 4.26.17** **Meeting Date: April 2017** **Tab: 28 - Ultrasound Scrotum** **Specialty: ACR, AUA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Ultrasound, transvaginal **(April 2012 RUC)**	Ultrasound, transrectal; **(April 2012 RUC)**
5		**LOCATION**				**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**42.0**	**48.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**3.0**	**3.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**39.0**	**45.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L051B**	RN/Diagnostic	**0.0**	**0.0**
57		**Post-Service (of service period)**					
58	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.				
59	CA023	Monitor patient following procedure/service, no multitasking	This is NOT standard. Rationale must be included on PE SOR.				
60	CA024	Clean room/equipment by clinical staff	3 minute standard	L051B	RN/Diagnostic Medical Sonographer	2	2
61	CA025	Clean scope	Standards For Scope Cleaning --5 minutes for a disposable scope, --10 minutes for a rigid scope, and --30 minutes for a flexible scope				
62	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in equipment (based on guidelines) Basic Surgical Instrument Package--10 minutes Medium Surgical Instrument Package--15 minutes				
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	This is NOT standard. Rationale must be included on PE SOR.				
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	This is NOT standard. Rationale must be included on PE SOR.				
65	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.				
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	This is NOT standard. Baseline time for this activity is 2 minute. For use in imaging services.	L051B	RN/Diagnostic Medical Sonographer	2	2
67	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L051B	RN/Diagnostic Medical Sonographer	2	2
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L051B	RN/Diagnostic Medical Sonographer	1	1
69	CA033	Perform regulatory mandated quality assurance activity (service period)	This is NOT standard. Rationale must be included on PE SOR.				
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	This is NOT standard. Rationale must be included on PE SOR.				
71	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities				
72	CA036	Discharge day management	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)			**n/a**	**n/a**
73	NEW	*Other activity: Clean probe*		L051B	RN/Diagnostic Medical Sonographer	**3**	**3**

	A	B	C	D	E	F	H
1	RUC Practice Expense Spreadsheet					EFERENCE COD	EFERENCE COD
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				76830	76872
3		*RUC Collaboration Website*					
4	Clinical Activity Code	REVISED AT RUC 4.26.17 Meeting Date: April 2017 Tab: 28 - Ultrasound Scrotum Specialty: ACR, AUA	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Ultrasound, transvaginal (April 2012 RUC)	Ultrasound, transrectal; (April 2012 RUC)
5		LOCATION				Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX
7		TOTAL CLINICAL STAFF TIME		L051B	RN/Diagnostic	42.0	48.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L051B	RN/Diagnostic	3.0	3.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L051B	RN/Diagnostic	39.0	45.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L051B	RN/Diagnostic	0.0	0.0
79		End: Patient leaves office					
80		POST-SERVICE PERIOD					
81		Start: Patient leaves office/facility					
97		End: with last office visit before end of global period					
98	Medical Supply Code	MEDICAL SUPPLIES		PRICE	UNIT		
99	SA048	pack, minimum multi-specialty visit		1.143	pack		1
100	SB005	cover-condom, transducer or ultrasound probe		0.35	item	1	1
101	SB006	drape, non-sterile, sheet 40in x 60in		0.222	item		1
102	SB012	drape, sterile, for Mayo stand		1.688	item		1
103	SB022	gloves, non-sterile		0.084	pair	2	4
104	SB026	gown, patient		0.533	item	1	
105	SB037	pillow case		0.307	item	1	
106	SB042	towel, non-sterile		0.391	item		
107	SB044	underpad 2ft x 3ft (Chux)		0.23	item	1	1
108	SC019	iv tubing (extension)		0.53	foot		1
109	SC051	syringe 10-12ml		0.184	item		2
110	SH048	lidocaine 2% jelly, topical (Xylocaine)		0.647	ml		10
111	SJ001	alcohol isopropyl 70%		0.002	ml	1	5
112	SJ032	lubricating jelly (K-Y) (5gm uou)		0.066	item	1	2
113	SJ053	swab-pad, alcohol		0.013	item		1
114	SJ057	thermometer (single use)		0.106	item		1
115	SJ062	ultrasound transmission gel		0.013	ml		
116	SM012	disinfectant spray (Transeptic)		0.028	ml	10	10
117	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)		0.165	oz		32
118	SM019	glutaraldehyde test strips (Cidex, Metrex)		1.012	item		1
119	SM021	sanitizing cloth-wipe (patient)		0.037	item	2	2
123	Equipment Code	EQUIPMENT	Please select the equipment formula you intend to use for each equipment item from the	PRICE	EQUIPMENT FORMULA		
124	ED047	Thermal Printer		0		15	14
125	ED050	PACS Workstation Proxy		5557	Other Formula	39	45
126	ED053	Professional PACS Workstation		14616.93	Other Formula	13	20
127	EF027	table, instrument, mobile		634			42
128	EF034	table, ultrasound		5823.33	Highly Technical		42
129	EL015	room, ultrasound, general		369945	Highly Technical Equipment Formula	37	
130	EQ250	ultrasound unit, portable		29999			42
131	ER086	Ultrasound probe		0			42
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	J	L
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 the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells***	**76870**	**76870**
3		***RUC Collaboration Website***	Ultrasound, scrotum and contents	Ultrasound, scrotum and contents
4	**Clinical Activity Code**	**REVISED AT RUC 4.26.17** **Meeting Date: April 2017** **Tab: 28 - Ultrasound Scrotum** **Specialty: ACR, AUA**	**(March 2002 PEAC)**	**(April 2017 RUC)**
5		**LOCATION**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**40.0**	**39.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**37.0**	**39.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**		
12		**Start: Following visit when decision for surgery or procedure made**		
13	CA001	Complete pre-service diagnostic and referral forms		
14	CA002	Coordinate pre-surgery services (including test results)		
15	CA003	Schedule space and equipment in facility		
16	CA004	Provide pre-service education/obtain consent		
17	CA005	Complete pre-procedure phone calls and prescription		
18	CA006	Confirm availability of prior images/studies	3	0
19	CA007	Review patient clinical extant information and questionnaire		0
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
27		**End: When patient enters office/facility for surgery/procedure**		
28		**SERVICE PERIOD**		
29		**Start: When patient enters office/facility for surgery/procedure:**		
30		**Pre-Service (of service period)**		
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3	3
32	CA010	Obtain vital signs		
33	CA011	Provide education/obtain consent		
34	CA012	Review requisition, assess for special needs		
35	CA013	Prepare room, equipment and supplies	3	2
36	CA014	Confirm order, protocol exam		1
37	CA015	Setup scope (nonfacility setting only)		
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	3	2
39	CA017	Sedate/apply anesthesia		
46		**Intra-service (of service period)**		
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)		
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)		
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)		
50	CA021	Perform procedure/service---NOT directly related to physician work time	20	20

	A	B	J	L
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 the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells***	**76870**	**76870**
3		***RUC Collaboration Website***	Ultrasound, scrotum and contents	Ultrasound, scrotum and contents
4	**Clinical Activity Code**	**REVISED AT RUC 4.26.17** **Meeting Date: April 2017** **Tab: 28 - Ultrasound Scrotum** **Specialty: ACR, AUA**	**(March 2002 PEAC)**	**(April 2017 RUC)**
5		**LOCATION**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**40.0**	**39.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**37.0**	**39.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
57		**Post-Service (of service period)**		
58	CA022	Monitor patient following procedure/service, multitasking 1:4		
59	CA023	Monitor patient following procedure/service, no multitasking		
60	CA024	Clean room/equipment by clinical staff	3	3
61	CA025	Clean scope		
62	CA026	Clean surgical instrument package		
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
64	CA028	Review/read post-procedure x-ray, lab and pathology reports		
65	CA029	Check dressings, catheters, wounds		
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	2	2
67	CA031	Review examination with interpreting MD/DO	2	2
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	1	1
69	CA033	Perform regulatory mandated quality assurance activity (service period)		
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)		
71	CA035	Review home care instructions, coordinate visits/prescriptions		
72	CA036	Discharge day management	**n/a**	**n/a**
73	NEW	*Other activity: Clean probe*		**3**

	A	B	J	L
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 the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells	76870	76870
3		*RUC Collaboration Website*	Ultrasound, scrotum and contents	Ultrasound, scrotum and contents
4	Clinical Activity Code	REVISED AT RUC 4.26.17 Meeting Date: April 2017 Tab: 28 - Ultrasound Scrotum Specialty: ACR, AUA	(March 2002 PEAC)	(April 2017 RUC)
5		LOCATION	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX
7		TOTAL CLINICAL STAFF TIME	40.0	39.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	37.0	39.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0
79		End: Patient leaves office		
80		POST-SERVICE PERIOD		
81		Start: Patient leaves office/facility		
97		End: with last office visit before end of global period		
98	Medical Supply Code	MEDICAL SUPPLIES		
99	SA048	pack, minimum multi-specialty visit		
100	SB005	cover-condom, transducer or ultrasound probe	1	0
101	SB006	drape, non-sterile, sheet 40in x 60in	2	1
102	SB012	drape, sterile, for Mayo stand		
103	SB022	gloves, non-sterile	2	1
104	SB026	gown, patient	2	1
105	SB037	pillow case	1	1
106	SB042	towel, non-sterile		1
107	SB044	underpad 2ft x 3ft (Chux)		
108	SC019	iv tubing (extension)		
109	SC051	syringe 10-12ml		
110	SH048	lidocaine 2% jelly, topical (Xylocaine)		
111	SJ001	alcohol isopropyl 70%		
112	SJ032	lubricating jelly (K-Y) (5gm uou)		
113	SJ053	swab-pad, alcohol	60	
114	SJ057	thermometer (single use)	60	
115	SJ062	ultrasound transmission gel	60	60
116	SM012	disinfectant spray (Transeptic)	10	10
117	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)		
118	SM019	glutaraldehyde test strips (Cidex, Metrex)		
119	SM021	sanitizing cloth-wipe (patient)	2	2
123	Equipment Code	EQUIPMENT		
124	ED047	Thermal Printer		
125	ED050	PACS Workstation Proxy	37	39
126	ED053	Professional PACS Workstation	10	15
127	EF027	table, instrument, mobile		
128	EF034	table, ultrasound		
129	EL015	room, ultrasound, general		29
130	EQ250	ultrasound unit, portable	37	
131	ER086	Ultrasound probe		
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
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

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 Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

Blood Smear Interpretation

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. The Workgroup recommended the specialty society survey this service for April 2017.

85060 ***Blood smear, peripheral, interpretation by physician with written report***
The RUC reviewed the survey results from 95 pathologists and determined that it was appropriate to maintain the current work RVU of 0.45, below the survey 25th percentile. The RUC recommends 12 minutes intra-service time. The RUC compared the surveyed code to the reference service 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)* (work RVU = 0.45, intra-service time of 12 minutes) and noted that both services involve an identical amount of physician work and have identical intra-service times and should be valued the same. For additional support, the RUC compared the surveyed code to CPT code 88314 *Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)* (Work RVU = 0.45, intra-service time of 13 minutes) and noted that both codes require similar time to perform, justifying the identical work RVUs. **The RUC recommends a work RVU of 0.45 for CPT code 85060.**

Practice Expense
For CPT 85060 the RUC recommends no direct practice expense inputs in the facility or non-facility settings at this time.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
85060	Blood smear, peripheral, interpretation by physician with written report	XXX	0.45 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:85060 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: Blood smear, peripheral, interpretation by physician with written report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 72 year-old with abnormal peripheral blood leukocytes and hemoglobin of 11 g/dl

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: N/A

Description of Intra-Service Work: Review the submitted history and clinical information that was provided with the request for peripheral blood smear review. Review the CBC (complete blood count) results from the same blood sample and review any additional clinical history and laboratory results within the LIS and/or EHR. Review the peripheral blood smear under the microscope including the morphologic features of the red blood cells, white blood cells, and platelets. Review and verify the laboratory technologist's differential count.Write a report with an interpretation of the findings, including a description of any abnormalities within the three cell lineages.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017				
Presenter(s):	Jerry W. Hussong, MD, DDS, FCAP; Roger E. McLendon, MD, FACP; Jonathan L. Myles, MD, FCAP				
Specialty(s):	College of American Pathologists				
CPT Code:	85060				
Sample Size:	2024	**Resp N:**	95	**Response:** 4.6 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	2.00	55.00	**170.00**	405.00	5000.00
Survey RVW:	0.10	0.56	**0.75**	1.00	2.01
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	7.00	**12.00**	15.00	38.00

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:	85060	**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:		**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)

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
92250	XXX	0.40	**RUC Time**	2,934,335

CPT Descriptor 1 Fundus photography with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	159,033

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
88388	XXX	0.45	**RUC Time**

CPT Descriptor 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)

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: 30 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 85060	**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	12.00	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	**12.00**	**25.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	60%	33%	3%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	13%	43%	43%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	33%	60%
Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	67%	30%
Physical effort required	10%	63%	27%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	23%	63%	13%
Outcome depends on the skill and judgment of physician	3%	73%	23%
Estimated risk of malpractice suit with poor outcome	23%	63%	13%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	53%	37%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	11%	26%	63%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5%	32%	63%
Urgency of medical decision making	5%	47%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	16%	68%	16%
Physical effort required	26%	47%	26%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	21%	63%	16%
Outcome depends on the skill and judgment of physician	5%	84%	11%
Estimated risk of malpractice suit with poor outcome	42%	53%	5%

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 85060

"CMS/Other Source" codes are services which were not reviewed by the Harvard studies or through the RUC process. These types of codes were either gap-filled for physician work and time, most often via crosswalk by the CMS, or were part of a radiology fee schedule. CMS/Other Source codes would not have been flagged in the Harvard only screens, so the RUC recommended that a list of all CMS/Other Source codes be developed and reviewed.

In April 2016, the RUC's Relativity Assessment Workgroup expanded the CMS/Other Source codes screen by lowering the Medicare utilization threshold from 250,000 to 100,000. With utilization of greater than 100,000, CPT codes 85060 and 85097 were then identified by this screen. In October 2016, the College of American Pathologists (CAP) submitted action plans recommending a review of physician work and practice expenses at the April 2017 RUC meeting.

85060 - Blood smear, peripheral, interpretation by physician with written report

Survey Process and Results

In preparation for the April 2017 RUC meeting, the College of American Pathologists' Economic Affairs Committee developed vignettes for this code based on ICD-9 data, because this service lacked a RUC-approved vignette. 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 February 2017.

The CAP conducted a random physician work survey of 2,024 active members. Almost all survey respondents (95%) agreed that the vignette was typical. The results of that survey are summarized below:

Code	Statistic	Intra Time	WRVU
85060	25th Percentile	7	0.56
85060	Median	12	0.75
85060	75th Percentile	15	1.00

Expert Panel Review and Opinion:
The survey results for CPT code 85060 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. The expert panel agreed that the survey results, although robust, overestimated the physician work of a peripheral blood smear interpretation. The expert panel, considering the total work, time, intensity, and complexity of the patient case, agreed that the current existing work RVU of 0.45 is appropriate for CPT code 85060. CPT code 85060 has CMS/Other time, which was not derived from a survey but assigned by the CMS over 20 years ago. It is therefore not appropriate to compare the survey time to the current CMS/Other time. The expert panel agreed that the median surveyed time is representative of the physician work involved in the service.

Recommendation:
The CAP's expert panel agreed that the survey respondents overestimated the physician work RVU and therefore recommends the physician work RVU for 85060 be maintained with the current value of 0.45 with the survey median time of 12 minutes.

For comparison purposes, the following two pathology services have similar overall physician work.
88314 – Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure) *(Work RVU = 0.45, 13 minutes total time, RUC reviewed February 2011)*

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) *(Work RVU = 0.45, 12 minutes total time, RUC reviewed April 2009)*

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) 85060

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 How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 667484
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 V1.1 RUC Database indicates 166,871 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (166,871*4=667,484). Percentages are from the RUC database for the year 2015.

Specialty Pathology Frequency 639116 Percentage 95.75 %

Specialty Clinical Lab Frequency 11815 Percentage 1.77 %

Specialty Hematology/Oncology Frequency 10280 Percentage 1.54 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 166,871 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 V1.1 RUC Database indicates 166,871 claims for 2015. Percentages are from the RUC database for the year 2015.

Specialty Pathology Frequency 159779 Percentage 95.75 %

Specialty Clincal Lab Frequency 2954 Percentage 1.77 %

Specialty Hematology/Oncology Frequency 2570 Percentage 1.54 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Lab tests

BETOS Sub-classification Level II:
Other (MPFS)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 85060

If this code is a new/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: Blood Smear Interpretation

TAB: 30

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	88305	Level IV - Surgical pathology, gross and microscopic	30	0.030			0.75			25						25			
2nd REF	88173	Cytopathology, evaluation of fine needle aspirate;	19	0.033			1.39			50	15					25			10
CURRENT	85060	Blood smear, peripheral, interpretation by physician with		N/A			0.45			15				CMS/Other					
SVY	85060	Blood smear, peripheral, interpretation by physician with	95	0.063	0.10	0.56	0.75	1.00	2.01	12				4	7	12	15	38	
REC	85060	Blood smear, peripheral, interpretation by physician with		0.038			0.45			12						12			

CPT Code: 85060
Specialty Society('s): CAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

85060 - Blood smear, peripheral, interpretation by physician with written report

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 Practice Expense Committee: The practice expense for CPT code 85060 was reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. **The CAP recommends no direct practice expense inputs in the facility setting.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The are no current CMS PE direct inputs for CPT code 85060.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff: N/A

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities

Post-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

85060 - Blood smear, peripheral, interpretation by physician with written report

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 practice expense for CPT code 85060 was reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. This service is performed more than 99% of the time in the facility setting. **The CAP recommends no direct practice expense inputs 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: There are no current CMS PE direct inputs for CPT code 85060.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: N/A

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: N/A

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: N/A

Service Period Clinical Activities: N/A

Post-Service Period Clinical Activities: 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: NA

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: NA

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: NA

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: NA

16. If there is any other item on your spreadsheet that needs further explanation please include here: NA

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

Bone Marrow Interpretation

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. The Workgroup recommended the specialty society survey these services for April 2017.

Compelling Evidence
The specialty society presented compelling evidence that incorrect assumptions were made in the previous valuation of the service. They explained that a flawed crosswalk assumption was used in the previous evaluation by CMS. CPT code 85097 is a CMS/Other code, in which the physician work and time was not derived from a survey but assigned by CMS over 20 years ago, presumptively by a gap-filling crosswalk. The RUC accepted the specialty's compelling evidence argument.

85097 *Bone marrow, smear interpretation*
The RUC reviewed the survey results from 77 pathologists and determined that the specialty recommended work RVU of 1.00, below the survey 25th percentile and a direct crosswalk to CPT code 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU = 1.00, intra-service time of 25 minutes), appropriately accounts for the physician work in this service. The RUC recommends no pre-service time, 25 minutes intra-service time and no post-service time for this code. The RUC agreed with the specialty that survey respondents overestimated the physician work of a bone marrow interpretation. The RUC also agreed with the specialty that considering the total work, time, intensity, and complexity of the patient case, the current existing work RVU of 0.94 was too low for the physician work involved. The RUC noted that 75 percent of the survey respondents selected reference services with a greater work value than the current work value of 0.94. The specialty explained it was not appropriate to recommend the survey 25th percentile work value of 1.15 because it would create a rank order anomaly. A RUC member asked the reason that this service has twice the time of 85060 *Blood smear, peripheral, interpretation by physician with written report,* also reviewed at this meeting, which has similar work descriptions. The specialty explained that in a peripheral blood smear, typically, the physician does not have the approximately 12 precursor cells to review, whereas in an aspirate from the bone marrow, the physician is examining all the precursor cells. Additionally, for CPT code 85097 there are more cell types to look at as well as more slides, usually 4, whereas with 85060 you are typically only looking at one slide. The RUC compared the surveyed code to key reference service CPT code 88173 *Cytopathology, evaluation of fine needle aspirate; interpretation and report* (work RVU = 1.39, intra-service time of 25 minutes), which has the same intra-service time, but has pre- and post-service

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time, justfiying the higher work value. Additionally, the RUC compared the surveyed code to 78266 *Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days*, (work RVU = 1.08, total time of 36 minutes), which has more total time then the surveyed code justifying the higher work value. **The RUC recommends a work RVU of 1.00 for CPT code 85097.**

Practice Expense
The RUC approved the direct practice expense inputs as originally submitted by the specialty and reviewed and approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
85097	Bone marrow, smear interpretation	XXX	1.00

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:85097 Tracking Number

Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
RUC Recommended RVU: **1.00**

Global Period: XXX Current Work RVU: **0.94**

CPT Descriptor: Bone marrow, smear interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 67 year old male with a history of treated acute myeloid leukemia (AML) with rare circulating blasts, requiring bone marrow aspirate assessment

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: N/A

Description of Intra-Service Work: Review the CBC (complete blood count) results from the patient and all other pertinent information including the clinical question and any previous diagnoses for the patient. Review any additional clinical history and laboratory results within the LIS and/or EHR as appropriate. Review and verify the laboratory technician's differential count. Prepare a written description and interpretation of the bone marrow aspirate smear including a description of erythrogenesis, leukogenesis, and megakaryocytes.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Jerry W. Hussong, MD, DDS, FCAP; Roger E. McLendon, MD, FACP; Jonathan L. Myles, MD, FCAP		
Specialty(s):	College of American Pathologists		
CPT Code:	85097		
Sample Size:	2024	**Resp N:** 77	**Response:** 3.8 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	20.00	**100.00**	300.00	1400.00
Survey RVW:	0.12	1.15	**1.45**	1.59	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	18.00	**25.00**	40.00	63.00

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:	85097	**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:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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**	10,540

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
70460	XXX	1.13	**RUC Time**	32,490

CPT Descriptor 2 Computed tomography, head or brain; with contrast material(s)

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

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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: 31 **% of respondents:** 40.2 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 35.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 85097	Top Key Reference CPT Code: 88173	2nd Key Reference CPT Code: **88307**
Median Pre-Service Time	0.00	15.00	0.00
Median Intra-Service Time	25.00	25.00	47.00
Median Immediate Post-service Time	0.00	10.00	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**	**50.00**	**47.00**
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%	29%	39%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	6%	39%	55%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3%	19%	77%

Urgency of medical decision making	3%	35%	61%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	3%	45%	52%
Physical effort required	3%	58%	39%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	3%	58%	39%
Outcome depends on the skill and judgment of physician	6%	55%	39%
Estimated risk of malpractice suit with poor outcome	13%	55%	32%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	11%	56%	30%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	7%	19%	74%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	22%	78%
Urgency of medical decision making	4%	37%	59%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	44%	56%
Physical effort required	7%	52%	41%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	4%	52%	44%
Outcome depends on the skill and judgment of physician	4%	33%	63%
Estimated risk of malpractice suit with poor outcome	7%	44%	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.

Background: CPT Code 85097

"CMS/Other Source" codes are services which were not reviewed by the Harvard studies or through the RUC process. These types of codes were both gap-filled for physician work and time, most often via crosswalk by the CMS, or were part of a radiology fee schedule. CMS/Other Source codes would not have been flagged in the Harvard only screens, so the RUC recommended that a list of all CMS/Other Source codes be developed and reviewed.

In April 2016, the RUC's Relativity Assessment Workgroup expanded the CMS/Other Source codes screen by lowering the Medicare utilization threshold from 250,000 to 100,000. With utilization of greater than 100,000, CPT codes 85060 and 85097 were then identified by this screen. In October 2016, the College of American Pathologists (CAP) submitted action plans recommending a review of physician work and practice expense at the April 2017 RUC meeting.

85097 Bone marrow, smear interpretation

Survey Process and Results

In preparation for the April 2017 RUC meeting, the College of American Pathologists' Economic Affairs Committee developed vignettes for this code based on ICD-9 data, because this service lacked a RUC-approved vignette. 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 February 2017.

The CAP conducted a random physician work survey of 2,024 active members. Almost all survey respondents (91%) agreed that the vignette was typical. The results of that survey are summarized below:

Code	Statistics	Intra Time	WRVU
85097	25th Percentile	18	1.15
85097	Median	25	1.45
85097	75th Percentile	40	1.59

Compelling Evidence:

The CAP's expert panel believes the RUC's compelling evidence standards have been met since there is evidence that incorrect assumptions were made in the previous valuation of this service. This is documented with a flawed crosswalk assumption in its previous evaluation by CMS. CPT code 85097 is considered a CMS/Other code, which means that the physician work and time was not derived from a survey but assigned by CMS over 20 years ago, presumptively by a gap-filling crosswalk.

Expert Panel Review and Opinion:

The survey results for CPT code 85097 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. The expert panel agreed that the survey results, although robust, overestimated the physician work of a bone marrow smear interpretation. The expert panel, considering the total work, time, intensity, and complexity of the patient case, agreed that the current existing work RVU of 0.94 was too low for the physician work involved. However, the expert panel did not believe that the physician work RVU rose to the level of the 25th percentile survey results but rather between the 25th percentile result of 1.15 RVUs and

the existing work value of 0.94. Therefore, the expert panel recommended a crosswalk of WRVUs in the range between the current and the 25th percentile based on the survey results for time. The expert panel agreed that the median surveyed time is mostly representative of the physician work involved in the service. CPT code 85097 has a CMS/Other time, which was not derived from a survey but assigned by CMS over 20 years ago. It is therefore not appropriate to compare the surveyed time to the current CMS/Other time. The expert panel agreed that the work RVU for 85097 should be valued the same as CPT code 88121 at 1.00 RVUs with a physician time of 25 minutes:

88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology *(Work RVU = 1.00, 25 minutes, RUC reviewed October 2009)*

Recommendation:
The CAP's expert panel agreed that the 25th percentile of the survey respondents overestimated the physician work. However, the expert panel believes that the current value is too low for the total physician work, intensity, and complexity. Therefore, the CAP recommends the physician work RVU for 85097 be cross-walked to CPT code 88121 with a work RVU of 1.00 with 25 minutes of intra-service and total time. The WRVU of 1.00 is less than the 25th percentile of 1.15 RVUs and greater than the current value. 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.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 85097

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 How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 553256

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 V1.1 RUC Database indicates 138,314 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (138,314*4=553,256). Percentages are from the RUC database for the year 2015.

Specialty Pathology Frequency 425676 Percentage 76.94 %

Specialty Clincal Lab Frequency 111979 Percentage 20.23 %

Specialty Hematology/Oncology Frequency 9129 Percentage 1.65 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 138,314 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 V1.1 RUC Database indicates 138,314 claims for 2015. Percentages are from the RUC database for the year 2015

Specialty Pathology Frequency 106419 Percentage 76.94 %

Specialty Clinical Lab Frequency 27981 Percentage 20.23 %

Specialty Hematology/Oncology Frequency 2283 Percentage 1.65 %

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:
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 85097

If this code is a new/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: Bone Marrow Interpretation

TAB: 31

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	88173	Cytopathology, evaluation of fine needle aspirate;	31	0.056			1.39			50	15					25			10
2nd REF	88307	Level V - Surgical pathology, gross and microscopic	27	0.034			1.59			47						47			
CURRENT	85097	Bone marrow, smear interpretation		N/A			0.94			30				CMS/Other					
SVY	85097	Bone marrow, smear interpretation	77	0.058	0.12	1.15	1.45	1.59	3.00	25				7	18	25	40	63	
Crosswalk	88121	Cytopathology, in situ hybridization (eg, FISH), urinary		0.040			1.00			25						25			
REC	85097	Bone marrow, smear interpretation		0.040			1.00			25						25			

CPT Code: 85097
Specialty Society('s): CAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

85097 - Bone marrow, smear 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 Practice Expense Committee: : The practice expense for CPT code 85097 was reviewed by an expert panel consisting of the CAP's Economic Affairs Committee physician members, including experts who perform the service. **The CAP recommends no direct practice expense inputs in the facility setting.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: This code does not have direct inputs in the facility setting at this time.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff: N/A

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

85097 – Bone marrow, smear 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 practice expense for CPT code 85097 was reviewed by an expert panel consisting of the CAP's Economic Affairs Committee physician members, including experts who perform the service.

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 CMS PE direct inputs are used as a reference. The practice expenses of these codes were last reviewed by the RUC in April 1999, therefore specific clinical labor time line items and tasks do not exist, only total time is represented in CMS' database.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: Not Applicable.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: Not Applicable.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Not Applicable.

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: This does not apply because there are no current line items in the CMS or the RUC databases, and therefore there is nothing to be rolled into the new activities.

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: Not Applicable.

Service Period Clinical Activities:

Pre-Service (of Service Period):
Line 31: Accession specimen in lab computer system including the following: Unwrap and/or remove specimen bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against bottle to see if the patient's name and/or specimen location (s) match each other. Distribute requisition form and specimen to grossing station. The work of this task takes 4 minutes, and is typically performed by a laboratory technician.

Line 32: The histotechnologist loads the required reagents onto the reagent tray and places the

tray on the automated slide stainer. The technologist actually loads the reagents onto the instruments, primes the instrument, and verifies that the instrument starts correctly. The histotechnologist verifies that the instrument starts correctly, and reagent is applied to the 4 slides. The histotechnologist also performs the grossing of the specimen. These tasks typically take 5 minutes total.

Line 33: A cytotechnologist prepares and analyzes the specimen. There are typically 4 slides and it takes 1 minute to scan each slide, and 20 minutes to examine for differential (examine 500 cells, as typical and protocol) It also typically takes 1 minute to collate slides and paperwork. These tasks total 25 minutes.

Line 34: The results of the differential work are recorded on worksheet or Laboratory Information System (LIS), it typically takes 1 minute for this task.

Line 35: Cover slip and label the 4 slides, The slides are then loaded twice (because they are stained twice) onto the automated slide stainer and the stainer is started. 1 minute extra for making the labels from label maker. Typically, 7 minutes total.

Line 36: The histotechnologist files slides and other materials.

Line 37: Clean work station; includes loading any dirty instruments in dishwasher, clean counter, clean sink, dispose of and package trash, and restock. Pack specimens for short term storage prior to disposal or filing.

Post-Service Period Clinical Activities: 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:* Not Applicable.

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. 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: The CAP expert panel identified a more specific slide stainer rather than the standard stainer currently in CMS' database from the review in 1999. This slide stainer replaces EP037 slide stainer, automated, standard throughput for this service only. It provides more specificity to the equipment items used for this service. This invoice is attached.

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:

EP012	differential tally counter, 12-channel - Non-highly Technical Equipment Formula
EP024	microscope, compound - Non-highly Technical Equipment Formula
invoiced	slide stainer, automated, hematology- - Non-highly Technical Equipment Formula

Line 108: Technologist's time to scan each slide and do the differential. (see line 33)

Line 109: Technologist time to scan each slide and do differential (24 minutes) plus physician time (25 minutes), totals 49 minutes.

Line 110: First slide out in 10 mins, subsequent slides one min later, typically 15 mins for 4 slides.. Then slides are stained again, resulting in another 15 minutes. Add a few minutes for drying .

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

Line 102 is a supply item and quantity that should be explained. The Wright's stain Pak (SL140) contains 225 ml of stain. 200 slides are typically processed with each pack. Each slide requires 1.125 ml of stain. Each of the 4 slides is stained twice, resulting in a total of 9 ml for each unit of service. (225/200) = 1.125 ml. 1.125 x 4 slides = 4.5 ml, 4 slides stained twice then (4.5 ml x 2 = 9 ml total)]. The quantity for SL140 for this unit of service is 9 ml.

In addition, please see our updated invoice for this Wright's stain Pak (SL140).

16. If there is any other item on your spreadsheet that needs further explanation please include here:

We add two supplies that were not in CMS' direct input file:

- Bleach – used for cleaning the work areas
- Methanol – used for cleaning the automated slide staining instrument

	A	B	C	D	E	F	G	H
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**	
2					**85097**		**85097**	
3		***RUC Collaboration Website***			Bone Marrow, smear interpretation		Bone marrow, smear interpretation	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 31 and 32 Specialty: College of American Pathologists**	**Clinical Staff Type Code**	**Staff Type**				
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL LABOR TIME**			**89.0**	**0.0**	**44.0**	**0.0**
8		**PRE-SERVICE SERVICE CLINICAL LABOR TIME**	L033A	Lab Technician	**0.0**	**0.0**	**5.0**	**0.0**
9		**PRE-SERVICE SERVICE CLINICAL LABOR TIME**	L045A	Cytotechnologist	**0.0**	**0.0**	**26.0**	**0.0**
10		**PRE-SERVICE SERVICE CLINICAL LABOR TIME**	L037B	Histotechnologist	**0.0**	**0.0**	**13.0**	**0.0**
28		**SERVICE PERIOD**						
29		**Start: When patient enters office/facility for surgery/procedure:**						
30		**Pre-Service (of service period)**						
31	PA001	Accession and enter information	L033A	Lab Technician			4	
32	PA012	Prepare supplies	L037B	Histotechnologist			5	
33	PA010	Prepare and analyze specimen	L045A	Cytotechnologist			25	
34	PA013	Record results	L045A	Cytotechnologist			1	
35	PA011	Prepare slides	L037B	Histotechnologist			7	
36	PA008	File specimen, supplies, and other materials	L037B	Histotechnologist			1	
37	PA004	Cleaning	L033A	Lab Technician			1	
86		**End: with last office visit before end of global period**						
87	**Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
88	SB022	gloves, non-sterile	0.084	pair	2		1	
89	SL030	cover slip, glass	0.079	item	4		4	
90	SC006	blood collection tube (Vacutainer)	0.201	item	1		0	
91	SG049	eye shield, non-fog	0.52	item	1		1	
92	SL087	lens paper	0.027	item	1		2	
93	SG051	gauze, non-sterile 4in x 4in	0.035	item	4		4	
94	SK082	towel, paper (Bounty) (per sheet)	0.007	item	4		4	
95	SL095	mounting media (Histomount)	0.035	ml	2		1	
96	SL108	pipette	0.033	item	1		0	
97	SL122	slide, microscope	0.055	item	6		0	
98	SL144	thrombin reagent (Thromboquik)	2.737	ml	0.5		0	
99	SM007	biohazard pipette container	1.886	item	0.1		0	
100	SL080	immersion oil	0.079	ml	2		1	
101	SL085	label for microscope slides	0.026	item	6		4	
102	SL140	stain, Wright's Pack (per slide)	0.048	ml	1		9	
103	SL020	bleach	0.001	ml			10	
104	SL090	methanol, absolute, 99.8% min.	0.025	ml			25	
105								
106								
107	**Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**				
108	EP012	differential tally counter, 12-channel	672.73	Non-highly Technical Equipment Formula	89	0	24	
109	EP024	microscope, compound	11621.35	Non-highly Technical Equipment Formula	89	0	49	
110	EP037	slide stainer, automated, standard throughput	8265.64	Non-highly Technical Equipment Formula	89	0		
111	Invoice	slide stainer, automated, hematology	8,649.43	Non-highly Technical Equipment Formula			31	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

April 2017

Home Sleep Apnea Testing

CPT codes 95800, 95801 and 95806 were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, the RUC recommended that these services be review after two more years of Medicare utilization data (2014 and 2015 data). In October 2016, the RUC recommended that these services be resurveyed for physician work and practice expense for April 2017.

95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
The RUC reviewed the survey results from 179 physicians and determined that the survey's 25th percentile and work RVU of 1.00 appropriately accounts for the work required to perform this service. The primary difference between sleep study 95800 compared to 95801 is that 95800 includes sleep time assessment. The specialty society noted and the RUC agreed that the intra-service time decreased by 5 minutes due to improved efficiency by the sleep specialists. Physicians are now more familiar with home sleep apnea testing and the new survey time and work RVUs are more reflective of this family of services. Therefore, the RUC is recommending a lower work RVU than the current. The RUC recommends 6 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time.

The RUC compared the surveyed code to the top key reference code 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU = 1.20 and 20 minutes intra-service time) and noted that the surveyed code requires slightly less physician work and time and the median survey response indicated the overall intensity and complexity was identical between these two services, therefore, the surveyed code is valued appropriately less. The RUC also referenced similar service 95907 *Nerve conduction studies; 1-2 studies* (work RVU = 1.00 and 15 minutes intra-service time), which requires the same physician work and time to perform. **The RUC recommends a work RVU of 1.00 for CPT code 95800.**

95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
The RUC reviewed the survey results from 141 physicians and determined that the survey's 25th percentile and work RVU of 1.00, which is also the current value, appropriately accounts for the work required to perform this service. The primary difference between this service and 95800 is that 95801 does not include sleep time assessment nor respiratory effort assessment. The RUC recommends 6 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the physician work and time is the same as 95800.

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The RUC compared the surveyed code to MPC code 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU = 1.20 and 20 minutes intra-service time) and noted that the surveyed code requires less physician time and work to perform and is appropriately valued lower. The RUC also referenced similar service 95907 *Nerve conduction studies; 1-2 studies* (work RVU = 1.00 and 15 minutes intra-service time), which requires the same physician work and time to perform. **The RUC recommends a work RVU of 1.00 for CPT code 95801.** The specialty society noted that 95801 is very low volume and they believe it is obsolete and intend on discussing with CPT for possible deletion of this service.

95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

The RUC reviewed the survey results from 324 physicians and determined that the survey respondents may have overestimated the work RVU. The specialty societies indicated and the RUC recommends a direct crosswalk to similar service 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08 and 15 minutes intra-service time), which appropriately accounts for the work required to perform this service. The respondents indicated that the intra-service time is 15 minutes which is a 10 minute decrease from the current time. The specialties indicated that this service was new the last time it was surveyed and is currently being re-reviewed via identification of the new technology/new services list. The specialty societies indicated that the existing times are likely an overestimate due to the lack of experience providing these then new services in April 2010. Physicians are now more familiar with home sleep apnea testing and the new survey times are more reflective of this family of services. The RUC also noted that the two previous work RVU recommendations for this service were not accepted by CMS and subsequently decreased; however, the survey times were accepted. Thus, an incorrect correlation is suggested when comparing physician work RVU and times between the 2010 survey data to the current survey data and recommended work RVU.

The RUC recommends 6 minutes of pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The specialty societies noted and the RUC agreed that CPT code 95806 is more intense and complex than 95800 and 95801 because the inclusion of respiratory effort assessment. Respiratory effort is evaluated to differentiate obstructive versus central respiratory events. Specifically, data from respiratory belts are evaluated for degree of effort, paradoxical breathing, and cardiac oscillations, throughout entire recording period which results in greater intensity and requires more physician work to monitor. Thus, the RUC supported a slightly higher work RVU for 95806 compared to 95800 and 95801.

For additional support, the RUC compared the surveyed code to similar service 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* (work RVU = 1.15 and 15 minutes intra-service time) and 72125 *Computed tomography, cervical spine; without contrast material* (work RVU = 1.07 and 15 minutes intra-service time). **The RUC recommends a work RVU of 1.08 for CPT code 95806.**

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Practice Expense
The RUC recommends the direct practice expense recommendations as submitted by the specialty societies without modification.

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
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	XXX	1.00
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	XXX	1.00 (No Change)
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	XXX	1.08

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95800 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: XXX Current Work RVU: **1.05** RUC Recommended RVU: **1.00**

CPT Descriptor: Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An adult patient complains of snoring, witnessed apneas, and daytime sleepiness. An unattended sleep study (home sleep apnea test with sleep time assessment and respiratory events based on airflow or peripheral arterial tone) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 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: Reviews unattended sleep study (home sleep apnea test) request from ordering clinician. Evaluates the clinical scenario which includes reviewing the health records, referring physician documentation, past medical history, medications, and previous cardiopulmonary testing. Determines the type of home sleep apnea test to be performed. Provides information to the technologist for the proper set-up of the equipment and corresponding patient instructions.

Description of Intra-Service Work: Reviews all technologist notes regarding set-up and processing of the home sleep apnea test. Opens the sleep recording and reviews the recording, epoch-by-epoch (epoch is typically 30 seconds at a time). Assesses adequate recording time, technical quality, signal quality, respiratory events based on airflow or peripheral arterial tone, oxygen saturation, heart rate, and sleep position. To optimize the assessment of sleep time, analysis start-time and stop-time are adjusted when necessary to limit the inclusion of suspected wake periods or suboptimal signals into the analysis period. Modifying the sleep record scoring when necessary. Correlate findings with patient's clinical history and comparing to previous sleep studies. Reviews patient's post-study feedback. Considers all elements in medical decision-making to complete the interpretation.

Description of Post-Service Work: Completes an interpretation of the data, and enters the formal interpretive report into the health records. Communicates test results to the patient and the referring clinician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD					
Specialty(s):	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society					
CPT Code:	95800					
Sample Size:	5878	**Resp N:**	179	**Response:** 3.0 %		
Description of Sample:	The joint societies each selected random samples of their respective memberships.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**25.00**	100.00	1500.00
Survey RVW:	0.00	1.00	**1.25**	1.63	20.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95800	**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:		**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:		**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
95805	XXX	1.20	**RUC Time**

CPT Descriptor Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

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
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
95819	XXX	1.08	**RUC Time**	242,119

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source

95907 XXX 1.00 **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 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: 34 **% of respondents:** 18.9 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 95800	Top Key Reference CPT Code: 95805	2nd Key Reference CPT Code: 99213
Median Pre-Service Time	6.00	15.00	3.00
Median Intra-Service Time	15.00	20.00	15.00
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	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**31.00**	**50.00**	**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	3%	9%	47%	29%	12%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	24%	41%	35%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	18%	50%	32%

Urgency of medical decision making	12%	65%	24%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	18%	56%	26%
Physical effort required	9%	79%	12%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	3%	59%	38%
Outcome depends on the skill and judgment of physician	6%	76%	18%
Estimated risk of malpractice suit with poor outcome	6%	59%	35%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	62%	19%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	56%	37%	7%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	25%	56%	19%
Urgency of medical decision making	30%	48%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	22%	37%	41%
Physical effort required	44%	52%	4%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	37%	44%	19%
Outcome depends on the skill and judgment of physician	11%	56%	33%
Estimated risk of malpractice suit with poor outcome	44%	45%	11%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services. These services were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016 was recommended. In October 2016, the RAW Workgroup recommended that the family 95800, 95801 and 95806 be resurveyed for physician work and practice expense for April 2017. The joint societies the American Academy of Sleep Medicine (AASM), American Thoracic Society (ATS), the American College of CHEST Physicians (CHEST) and the Academy of Neurology (AAN) conducted random survey of the three codes in a single survey link to their members.

95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

A joint AASM, ATS, CHEST and AAN RVS panel (AASM/ATS/CHEST/AAN) reviewed and discussed the survey results. Ninety-three percent of the survey respondents stated that the vignette was typical. The AASM/ATS/CHEST/AAN panel was pleased that there were 179 responses to the survey request. The survey performance rate median of 25 studies per year among the 179 respondents is a reasonable rate given this is a relatively low volume procedure.

Time Discussion

The AASM/ATS/CHEST/AAN panel agreed that the survey physician median times of 6 minutes pre-service, 15 minutes intra time and 10 minutes' post-service accurately reflect the time required to perform this service. We compared to the current times of 15 minutes pre-service, 20 minutes intra service and 15 post and believe that those times were likely overestimates due to providers' lack of experience with the new services at that time. This HSAT family has become more familiar with our members and we believe this updated survey time is generally reflective of these services. Therefore, we selected pre-service XXX global package and adjusted the time to our recommended minutes from the survey median times.

RVW Discussion

The AASM/ATS/CHEST/AAN panel reviewed the RVWs for the family of three new codes and the survey results reviewing the rank order in general. The AASM/ATS/CHEST/AAN panel discussed compelling evidence arguments to support the survey median versus the 25th percentile results They observed that the 25th percentile correctly captured the relativity between the procedures in the family. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years, rather our members have a better understanding of the services. As there was insufficient compelling evidence for higher values for 95800 or the family of HSAT codes we are compelled to recommend accepting the 25th percentile which is slightly lower than the current value.

The two key reference services for 95800 were 95805 (34 responses) and 99213 (27 responses). Additionally, we compared 95800 to a MPC codes CPT 99213 and CPT 95819 all detailed in the table below. We believe, these procedures are generally comparable in intensity and complexity which was supported by the survey participants as they did rank them mostly as identical to the two key reference codes chosen. The AASM/ATS/CHEST/AAN panel would agree that 95800 is ranked appropriately at the 25th percentile of the survey.

Below is a table of other codes supportive to our recommendation:

CPT	Description Short	RVW	Pre	Intra	Post	Total
95251	Gluc Monitor Cont Phy I&R	0.85		30		30
95921	autonomic nrv parasym Inerv	0.90	8	15	10	33
99213 MPC- & Key 2	E/M OP Visit typical 15 min.	0.97	3	15	5	23
95800 SVY code	**Sleep Study unattended**	**1.00**	**6**	**15**	**10**	**31**
95907	NVR CNDT TST; 1-2 studies	1.00	10	15	10	35
94004	VENT MGT Per Day NF	1.00	10	15	10	35
95819 MPC	EEG awake and asleep	1.08	5	15	6	26

In summary, we recommend a RVW of 1.00 for 95800 with a pre-service time 6 minutes' intra-service time 15 minutes and post-service time 10 minutes, total time 31 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) 95800

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 40000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data x 3

Specialty Pulmonary Frequency 12800 Percentage 32.00 %

Specialty Internal Medicine Frequency 6200 Percentage 15.50 %

Specialty Cardiology Frequency 4500 Percentage 11.25 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,882 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims

Specialty Pulmonary Frequency 4122 Percentage 31.99 %

Specialty Internal Medicine Frequency 1997 Percentage 15.50 %

Specialty Cardiology Frequency 1417 Percentage 10.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95800

If this code is a new/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:95801 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: XXX Current Work RVU: **1.00** RUC Recommended RVU: **1.00**

CPT Descriptor: Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An adult patient complains of snoring, witnessed apneas, and daytime sleepiness. An unattended sleep study (home sleep apnea test with respiratory events based on airflow or peripheral arterial tone) is performed.

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: Reviews unattended sleep study (home sleep apnea test) request from ordering clinician. Evaluates the clinical scenario which includes reviewing the health records, referring physician documentation, past medical history, medications, and previous cardiopulmonary testing. Determines the type of home sleep apnea test to be performed. Provides information to the technologist for the proper set-up of the equipment and corresponding patient instructions.

Description of Intra-Service Work: Reviews all technologist notes regarding set-up and processing of the home sleep apnea test. Opens the sleep recording and reviews the recording, epoch-by-epoch (epoch is typically 30 seconds at a time). Assesses adequate recording time, technical quality, signal quality, respiratory events based on airflow or peripheral arterial tone, oxygen saturation, heart rate, and sleep position. Modifies the sleep record scoring when necessary. Correlate findings with patient's clinical history and comparing to previous sleep studies. Reviews patient's post-study feedback. Considers all elements in medical decision-making to complete the interpretation.

Description of Post-Service Work: Completes an interpretation of the data, and enters the formal interpretive report into the health records. Communicates test results to the patient and the referring clinician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD					
Specialty(s):	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society					
CPT Code:	95801					
Sample Size:	5878	**Resp N:**	141	**Response:** 2.3 %		
Description of Sample:	The joint societies each selected random samples of their respective memberships.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**10.00**	50.00	1000.00	
Survey RVW:	0.00	1.00	**1.30**	1.60	10.00	
Pre-Service Evaluation Time:			**6.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	0.00	10.00	**15.00**	20.00	60.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95801	**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:		**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:		**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
95805	XXX	1.20	**RUC Time**

CPT Descriptor Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

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
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
95819	XXX	1.08	**RUC Time**	242,119

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source

95907 XXX 1.00 **RUC Time**

CPT Descriptor Nerve conduction studies; 1-2 studies

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: 30 **% of respondents:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 17.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 95801	Top Key Reference CPT Code: 95805	2nd Key Reference CPT Code: 99213
Median Pre-Service Time	6.00	15.00	3.00
Median Intra-Service Time	15.00	20.00	15.00
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	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**31.00**	**50.00**	**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%	10%	50%	27%	13%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	20%	47%	33%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	20%	53%	27%

Urgency of medical decision making	13%	60%	27%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	63%	27%
Physical effort required	7%	70%	23%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	7%	53%	40%
Outcome depends on the skill and judgment of physician	3%	77%	20%
Estimated risk of malpractice suit with poor outcome	10%	53%	37%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	21%	67%	13%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	41%	42%	17%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	20%	42%	38%
Urgency of medical decision making	25%	58%	17%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	29%	54%
Physical effort required	20%	63%	17%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	29%	42%	29%
Outcome depends on the skill and judgment of physician	16%	42%	42%
Estimated risk of malpractice suit with poor outcome	29%	54%	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

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services. These services were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016 was recommended. In October 2016, the RAW Workgroup recommended that the family 95800, 95801 and 95806 be resurveyed for physician work and practice expense for April 2017. The joint societies the American Academy of Sleep Medicine (AASM), American Thoracic Society (ATS), the American College of CHEST Physicians (CHEST) and the Academy of Neurology (AAN) conducted random survey of the three codes in a single survey link to their members.

95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

A joint AASM, ATS, CHEST and AAN RVS panel (AASM/ATS/CHEST/AAN) reviewed and discussed the survey results. Ninety-two percent of the survey respondents stated that the vignette was typical. The AASM/ATS/CHEST/AAN panel was pleased that there were 141 responses to the survey request. The survey performance rate median of 10 studies per year among the 141 respondents is a reasonable rate given this is a relatively low volume procedure.

Time Discussion

The AASM/ATS/CHEST/AAN panel agreed that the survey physician median times of 7 minutes pre-service, 15 minutes intra time and 10 minutes' post-service reflect the time required to perform this service. We believe that the extra minute in pre-time is more likely due to statistics in that this code has a lower number of survey respondents, rather than a real need for one additional minute in the pre-service time compared to the other two survey codes. However, we were not comfortable with changing the survey times as the standard for RUC is to accept the median survey. We compared to the current times of 10 minutes pre-service, 15 minutes intra service and 15 post and believe as noted in 95801, that those times were likely overestimates due to providers' lack of experience with the new services. This HSAT family has become more familiar with our members and we believe this updated survey time is generally reflective of these services. Therefore, we selected pre-service XXX global package and adjusted the time to our recommended minutes from the survey median times.

RVW Discussion

The AASM/ATS/CHEST/AAN panel reviewed the RVWs for the family of three new codes and the survey results reviewing the rank order in general. The AASM/ATS/CHEST/AAN panel discussed compelling evidence arguments to support the survey median versus the 25th percentile results They observed that the 25th percentile correctly captured the relativity between the procedures in the family. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years, rather our members have a better understanding of the services. As there was insufficient compelling

evidence for higher values for 95801 or the family of HSAT codes we are compelled to recommend accepting the 25th percentile which is consistent with the current value.

The two key reference services for 95801 were 95805 (30 responses) and 99213 (24 responses). Additionally, we compared 95801 to a MPC codes CPT 99213 and CPT 95819 all detailed in the table below. We believe, these procedures are generally comparable in intensity and complexity which was supported by the survey participants as they did rank them mostly as identical to the two key reference codes chosen. The AASM/ATS/CHEST/AAN panel would agree that 95801 is ranked appropriately at the 25th percentile of the survey.

Below is a table of other codes supportive to our recommendation:

CPT	Description Short	RVW	Pre	Intra	Post	Total
95251	Gluc Monitor Cont Phy I&R	0.85		30		30
95921	autonomic nrv parasym Inerv	0.90	8	15	10	33
99213 MPC- & Key 2	E/M OP Visit typical 15 min.	0.97	3	15	5	23
95801 SVY code	**Sleep Study unattended w/anal**	**1.00**	**7**	**15**	**10**	**32**
95907	NVR CNDT TST; 1-2 studies	1.00	10	15	10	35
94004	VENT MGT Per Day NF	1.00	10	15	10	35
95819 MPC	EEG awake and asleep	1.08	5	15	6	26

In summary, we recommend a RVW of 1.00 for 95801 with a pre-service time 7 minutes, intra-service time 15 minutes and post-service time 10 minutes, total time 32 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) 95801

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims x 3

Specialty Pulmonary Frequency 1110 Percentage 42.69 %

Specialty Internal Medicine Frequency 665 Percentage 25.57 %

Specialty Neurology Frequency 363 Percentage 13.96 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 860
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims

Specialty Pulmonary Frequency 367 Percentage 42.67 %

Specialty Internal Medicine Frequency 220 Percentage 25.58 %

Specialty Neurology Frequency 120 Percentage 13.95 %

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 95801

If this code is a new/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:95806 Tracking Number Original Specialty Recommended RVU: **1.15**
Presented Recommended RVU: **1.08**
Global Period: XXX Current Work RVU: **1.25** RUC Recommended RVU: **1.08**

CPT Descriptor: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An adult patient complains of snoring, witnessed apneas, and daytime sleepiness. An unattended sleep study (home sleep apnea test with respiratory events based on airflow) is performed

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Reviews unattended sleep study (home sleep apnea test) request from ordering clinician. Evaluates the clinical scenario which includes reviewing the health records, referring physician documentation, past medical history, medications, and previous cardiopulmonary testing. Determines the type of home sleep apnea test to be performed. Provides information to the technologist for the proper set-up of the equipment and corresponding patient instructions.

Description of Intra-Service Work: Reviews all technologist notes regarding set-up and processing of the home sleep apnea test. Opens the sleep recording and reviews the recording, epoch-by-epoch (epoch is typically 30 seconds at a time). Assesses adequate recording time, technical quality, signal quality, respiratory events based on airflow, oxygen saturation, heart rate, and sleep position. Respiratory effort is evaluated to differentiate obstructive versus central respiratory events. Specifically, data from respiratory belts are evaluated for degree of effort, paradoxical breathing, and cardiac oscillations, throughout entire recording period. Modifies the sleep record scoring when necessary. Correlate findings with patient's clinical history and comparing to previous sleep studies. Reviews patient's post-study feedback. Considers all elements in medical decision-making to complete the interpretation.

Description of Post-Service Work: Completes an interpretation of the data, and enters the formal interpretive report into the health records. Communicates test results to the patient and the referring clinician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD					
Specialty(s):	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society					
CPT Code:	95806					
Sample Size:	5878	**Resp N:**	324	**Response:** 5.5 %		
Description of Sample:	The joint societies each selected random samples of their respective memberships.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	250.00	2000.00
Survey RVW:	0.00	1.15	**1.41**	1.63	37.50
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	12.00	**15.00**	22.00	75.00

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:	95806	**Recommended Physician Work RVU: 1.08**		
		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:		**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
95805	XXX	1.20	**RUC Time**

CPT Descriptor Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

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
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
99203	XXX	1.42	**RUC Time**	10,925,489

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided

consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
93283	XXX	1.15	**RUC Time**

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

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: 85 **% of respondents:** 26.2 **%**

Number of respondents who choose 2nd Key Reference Code: 72 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 95806	**Top Key Reference CPT Code:** 95805	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	6.00	15.00	5.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	10.00	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	**31.00**	**50.00**	**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%	14%	44%	35%	7%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	18%	38%	44%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	26%	49%	25%
Urgency of medical decision making	5%	61%	34%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	60%	18%
Physical effort required	6%	81%	13%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	6%	53%	41%
Outcome depends on the skill and judgment of physician	15%	64%	21%
Estimated risk of malpractice suit with poor outcome	15%	57%	28%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	60%	26%	10%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	39%	43%	18%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	48%	42%
Urgency of medical decision making	21%	44%	35%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	1%	27%	72%
Physical effort required	25%	54%	21%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	25%	47%	28%
Outcome depends on the skill and judgment of physician	6%	50%	44%
Estimated risk of malpractice suit with poor outcome	28%	44%	28%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services. These services were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016 was recommended. In October 2016, the RAW Workgroup recommended that the family 95800, 95801 and 95806 be resurveyed for physician work and practice expense for April 2017. The joint societies the American Academy of Sleep Medicine (AASM), American Thoracic Society (ATS), the American College of CHEST Physicians (CHEST) and the Academy of Neurology (AAN) conducted random survey of the three codes in a single survey link to their members.

95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

A joint AASM, ATS, CHEST and AAN RVS panel (AASM/ATS/CHEST/AAN) reviewed and discussed the survey results. Ninety-seven percent of the survey respondents stated that the vignette was typical. The AASM/ATS/CHEST/AAN panel was pleased that there were 324 responses to the survey request. The survey performance rate median of 100 studies per year among the 324 respondents lends support to the survey since participants clearly had experience with these services, additionally the higher performance is consistent with the volume anticipated as this is the highest volume service in the family of these three home sleep procedures.

Time Discussion

The AASM/ATS/CHEST/AAN panel agreed that the survey physician median times of 6 minutes pre-service, 15 minutes intra time and 10 minutes' post-service accurately reflect the time required to perform this service. We compared to the current times of 10 minutes pre-service, 15 minutes intra service and 15 post and believe that those times were likely overestimates due to providers' lack of experience with the new services at that time. This HSAT family has become more familiar with our members and we believe this updated survey time is

generally reflective of these services. Therefore, we selected pre-service XXX global package and adjusted the time to our recommended minutes from the survey median times.

RVW Discussion

The AASM/ATS/CHEST/AAN panel reviewed the RVWs for the family of three new codes and the survey results reviewing the rank order in general. The AASM/ATS/CHEST/AAN panel discussed compelling evidence arguments to support the survey median versus the 25th percentile results They observed that the 25th percentile correctly captured the relativity between the procedures in the family. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years, rather our members have a better understanding of the services. As there was insufficient compelling evidence for higher values for 95806 or the family of HSAT codes we are compelled to recommend accepting the 25th percentile which is slightly lower than the current value.

The two key reference services for 95806 were 95805 (85 responses) and 99214 (72 responses). Additionally, we compared 95806 to a MPC Codes CPT 95819 and CPT 95805 all detailed in the table below. We believe, these procedures are generally comparable in intensity and complexity which was supported by the survey participants as they did rank them mostly as identical to the two key reference codes chosen with the except of mental effort where they ranked the survey code higher at 44% for KRC 1 CPT 95805. The AASM/ATS/CHEST/AAN panel would agree that 95806 is ranked appropriately at the 25th percentile of the survey.

Below is a table of other codes supportive to our recommendation:

CPT	Description Short	RVW	Pre	Intra	Post	Total
99213 MPC	E/M OP Visit typical 15 min F2F	0.97	3	15	5	23
95907	NVR CNDT TST; 1-2 studies	1.00	10	15	10	35
94004	VENT MGT Per Day NF	1.00	10	15	10	35
95819 MPC	EEG awake and asleep	1.08	5	15	6	26
95806 SVY code	**Sleep std unattended&resp eff**	**1.15**	**6**	**15**	**10**	**31**
93283	PROGRM EVAL IMPLANT DFB dual ld	1.15	8	15	10	33
93284	PROGRM EVAL IMPLANT DFB mult ld	1.25	8.5	15	10	33.5
95805 MPC	MULTIPLE SLEEP LATENCY TEST	1.20	15	20	15	50
70545	MR ANGIO HEAD W/DYE	1.20	5	15	10	30
99214 Key 2 and MPC	E/M OP Visit typical 25 min F2F	1.50	5	25	10	40

In summary, we recommend a RVW of 1.15 for 95806 with a pre-service time 6 minutes' intra-service time 15 minutes and post-service time 10 minutes, total time 31 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) 95806

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Internal Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 106000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 medicare claims x 3

Specialty Pulmonary Frequency 36000 Percentage 33.99 %

Specialty Internal Medicine Frequency 18000 Percentage 16.98 %

Specialty Neurology Frequency 10500 Percentage 9.90 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims

Specialty Pulmonary Frequency 12000 Percentage 34.28 %

Specialty Internal Medicine Frequency 6000 Percentage 17.14 %

Specialty Neurology Frequency 3500 Percentage 10.00 %

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:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95806

If this code is a new/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: Home Sleep Testing
TAB: 32 **REVISED for RUC Presentation**

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	Current	**95800**	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		**0.019**			**1.05**			**50**	**15**			**20**			**15**					
93%	SVY Total	**95800**	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	**179**	**0.059**	**0.00**	**1.00**	**1.25**	**1.63**	**20.00**	**31**	**6**	**0**	**10**	**15**	**20**	**60**	**10**	**0**	**5**	**25**	**100**	**1500**
	Comparitor	**95907**	Nerve conduction studies; 1-2 studies		**0.037**			**1.00**			**35**	**10**			**15**			**10**					
	REC RUC	**95800**	**Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**		**0.043**			**1.00**			**31**	**6**			**15**			**10**					

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	Current	**95801**	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and / respiratory analysis (eg, by airflow or peripheral arterial tone)		**0.029**			**1.00**			**40**	**10**			**15**			**15**					
92%	SVY Total	**95801**	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and / respiratory analysis (eg, by airflow or peripheral arterial tone)	**141**	**0.061**	**0.00**	**1.00**	**1.30**	**1.60**	**10.00**	**32**	**7**	**0**	**10**	**15**	**20**	**60**	**10**	**0**	**0**	**10**	**50**	**1000**
	Comparitor	**95907**	Nerve conduction studies; 1-2 studies		**0.037**			**1.00**			**35**	**10**			**15**			**10**					
Societies may take to CPT REC - Deletion	REC RUC	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and / respiratory analysis (eg, by airflow or peripheral arterial tone)		0.043			**1.00**			31	**6**			**15**			**10**					

CPT Code: 95800, 95801, 95806
Specialty Society: AASM, AAN, ATS, CHEST

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

REVISED 4-27-2017

95800
CPT Long Descriptor: Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time

95801
CPT Long Descriptor: Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

95806
CPT Long Descriptor: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

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:
RUC advisors from all the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense 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: As these codes are not new we are using the existing codes and CMS values as comparison.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
We are not recommending more minutes than any PE Standard.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:
Details are provided below.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 51 Clean room/equipment by clinical staff (**3 minutes** 98500, 98501, 98508)
This line and the standard 3 minutes was added, it appears to have been inadvertently omitted at the least PE meeting and was an oversight.
The room where the patient and clinical staff were reviewing and testing the equipment is cleaned as in any other patient visit. The patient takes the equipment home for the procedure.

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:

Line 13 Complete pre-service diagnostic and referral forms **(3 minutes 98500, 98501, 98508)**

- Prepare consent forms
- Prepare equipment responsibility form
- Prepare pre-study intake questionnaire and post-study feedback questionnaire

Line 16 Provide pre-service education/obtain consent **(3 minutes 98500, 98501, 98508)**

- Call patient to confirm appointment and provide directions/parking information.
- Provide preparatory information including; recommended attire (such as T-shirt or pajama-like clothing) appropriate for sleep for the procedures removal of nail polish or acrylic nails, and answer patient questions.
- Explain to the patient that during the appointment the patient will pick up the equipment and procedures related to the setup. This process will include the tech customizing the system for them, followed by asking the patient to perform the set up back to the tech and explain how they will start the system..

Service Period Clinical Activities:

Pre-Service (of Service Period):

Line 28 Greet patient, provide gowning, ensure appropriate medical records are available **(3 minutes 98500, 98501, 98508)**

- Greet patient, escort to exam room and ask the patient to change into recommended attire and complete the pre-study intake questionnaire.
- Review medical records and patient intake questionnaire to determine appropriate home sleep apnea testing device and programming parameters (to ensure recording during patient's sleep period)

Line 30 Provide education/obtain consent **(3 minutes 98500, 98501, 98508)**

- Brief description of the procedures for the visit which will include setting the patient up with the home sleep apnea testing device, adjusting the device components, observing the patient self-applying the device to ensure proper procedures to optimize testing success.
- Explain the consent form and equipment responsibility form, then obtain signatures.
- Advise patient to complete post-study questionnaire
- Answer patient questions.

Line 32 Prepare room, equipment and **supplies (2 minutes 98500, 98501, 98508)**

- Obtain the appropriate home sleep apnea testing device and ensure that it is clean.
- Obtain a fresh set of attachable components to connect to the device. This includes a new nasal cannula, new sensors, fresh thermistor, new peripheral arterial tone probe (only for 800/801), fresh body position sensor, and clean oxygen saturation probe.
- For 95806 only—add clean set of respiratory effort belts.
- Attach components and test the main device that all components are attached properly
- Connect the device the computer via USB
- Log into the computer, open home sleep apnea testing software, and query attached device
- Enter in patient information and program device for acquisition including time parameters for testing.

Intra-Service (of Service Period):
Line 44 Perform procedure/service---NOT directly related to physician work time **(15 minutes both 95800 & 95801, 20 minutes 95806)**

- Position patient properly typically in a sitting upright or standing position
- Show the device and provide education regarding the purpose of the different components.
- Inspect the patient for optimal location of device and components, which finger to place the oxygen saturation probe.
- Alcohol pads are used to clean the finger and other areas on the face and body in which adhesives may be applied to secure the equipment.
- Apply the device to the patient and customize fit. This includes fitting the nasal cannula in combination with the thermistor in the proper location and tighten to prevent loosening, taping the cords to the face or cords to the wrist for peripheral arterial tone device **(only 95800 and 95801),** demonstrating the attachment of patient body position and snore sensors, demonstrating the attachment of oxygen saturation probe with adhesive.
    - **For 95806 only**—additionally requires instruction on proper application of 2 respiratory effort belts. This involves estimating proper size belts required, then fitting the patient with the belts and adjusting the belt tightness to customize the fit for each patient, and ensuring that the belts are in the correct order and at the proper location on the chest and abdomen.
- The device(s) is/are then removed and the patient is asked to demonstrate the proper self-application of the device. Corrections or additional instructions are a typical part of this process.

Post-Service (of Service Period):
Line 51 Clean room/equipment by clinical staff **(3 minutes** 98500, 98501, 98508) This line and the standard 3 minutes was added, it appears to have been inadvertently omitted at the least PE meeting and was an oversight.

- The room where the patient and clinical staff were reviewing and testing the equipment is cleaned as in any other patient visit. The equipment is not cleaned at this time, as the patient takes the equipment home for the procedure.

Post-Service Period Clinical Activities:

A new standard clinical activity that would accommodate more codes, suggested as follows: Perform Procedure/Service….Not directly related to physician work that is specifically in the post-service. Line 83 would fall in this new activity with detail below.
Line 83 Daytime tech reviews and edits recording, marks artifacts, scores sleep stages, performs evaluation of physiological changes and prepares technician report (day technician). **(17 minutes 98500, 98501, 98508)**

- Greet patient and escort to room.
- Home sleep apnea test device is retrieved and patient identification information is verified.
- Device is inspected to ensure all components are retrieved and inspected for damage
- Tech logs into the computer and opens software
- Device is connected to the computer via USB and activates upload of sleep study data into the computer (typically requires 5 minutes). During this time, tech reviews patient's post-study questionnaire.
- Personal tech viewing montage is activated to review raw signals.

- Raw signals are adjusted for proper viewing such as adjusting signal amplitude
- Tech reviews the raw tracings and sets appropriate start and end analysis parameters, eliminates poor signals for each raw tracing from the analysis, scores respiratory events (apneas, hypopneas, periodic breathing), scores oxygen desaturation events, and scores patient movement periods.
- Sleep study report is generated and reviewed by the tech.
- Tech will prepare a report that includes tech observations after scoring the raw tracings and relevant patient feedback from the post-study questionnaire.
- Tech report is entered into the patient's electronic medical records.
- Disposable components of the home sleep apnea testing device are thrown away. Reusable items (device, oxygen probe, body position and snore sensors for 95800, 95801 only; device, oxygen probe, body position and snore sensors, and respiratory effort belts for 95806) are cleaned by wiping the equipment thoroughly with Detachol solution SG005.

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:*

Line 44 Perform procedure/service---NOT directly related to physician work time **(15 minutes both 95800 & 95801, 20 minutes 95806)**

- Position patient properly typically in a sitting upright or standing position
- Show the device and provide education regarding the purpose of the different components.
- Inspect the patient for optimal location of device and components, which finger to place the oxygen saturation probe.
- Alcohol pads are used to clean the finger and other areas on the face and body in which adhesives may be applied to secure the equipment.
- Apply the device to the patient and customize fit. This includes fitting the nasal cannula in combination with the thermistor in the proper location and tighten to prevent loosening, taping the cords to the face or cords to the wrist for peripheral arterial tone device **(only 95800 and 95801),** demonstrating the attachment of patient body position and snore sensors, demonstrating the attachment of oxygen saturation probe with adhesive.
    - **For 95806 only**—additionally requires instruction on proper application of 2 respiratory effort belts. This involves estimating proper size belts required, then fitting the patient with the belts and adjusting the belt tightness to customize the fit for each patient, and ensuring that the belts are in the correct order and at the proper location on the chest and abdomen.
- The device(s) is/are then removed and the patient is asked to demonstrate the proper self-application of the device. Corrections or additional instructions are a typical part of this process.

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.

Does not apply.

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:

Line 83 Daytime tech reviews and edits recording, marks artifacts, scores sleep stages, performs evaluation of physiological data and scores abnormalities, and prepares technician report (day technician). **(17 minutes 98500, 98501, 98508)** more detail is provided above.

We are unable to locate a clinical activity that combines these activities in the post patient period.

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:

We chose other formula for equipment as the patient arrives typically later in the day e.g. 4 PM for appointment to perform as test run with the equipment. The patient then takes the equipment home and returns it in the morning typically 9 AM. Therefore, we are simply using the 16-hour period that currently exists in the RUC data base and is generally consistent with clinical practice.

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	F	G	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		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			95800		95800		95801		95801		95806		95806	
3		*RUC Collaboration Website*			Sleep study, unattended, simultaneous recording; heart		Sleep study, unattended, simultaneous recording; heart rate,		Sleep study, unattended, simultaneous recording; minimum		Sleep study, unattended, simultaneous recording; minimum of		Sleep study, unattended, simultaneous recording of, heart		Sleep study, unattended, simultaneous recording of, heart	
4	Clinical Activity Code	Meeting Date: Aptil 2017 Tab: 32 Specialty: AAN, AASM, CHEST, ATS	Clinical Staff Type Code	Clinical Staff Type												
5		LOCATION			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		XXX			
7		TOTAL CLINICAL STAFF TIME	L047B	REEGT	49.0	0.0	49.0	0.0	46.0	0.0	49.0	0.0	51.0	0.0	54.0	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047B	REEGT	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047B	REEGT	26.0	0.0	26.0	0.0	23.0	0.0	26.0	0.0	28.0	0.0	31.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047B	REEGT	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0
11		PRE-SERVICE PERIOD														
12		Start: Following visit when decision for surgery or procedure made														
13	CA001	Complete pre-service diagnostic and referral forms	L047B	REEGT	3		3		3		3		3		3	
16	CA004	Provide pre-service education/obtain consent	L047B	REEGT	3		3		3		3		3		3	
24		End: When patient enters office/facility for surgery/procedure														
25		SERVICE PERIOD														
26		Start: When patient enters office/facility for surgery/procedure:														
27		Pre-Service (of service period)														
28	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L047B	REEGT	3		3		3		3		3		3	
30	CA011	Provide education/obtain consent	L047B	REEGT	3		3		3		3		3		3	
32	CA013	Prepare room, equipment and supplies	L047B	REEGT	2		2		2		2		2		2	
40		Intra-service (of service period)														
44	CA021	Perform procedure/service---NOT directly related to physician work time	L047B	REEGT	18		15		15		15		20		20	
48		Post-Service (of service period)														
49	CA022	Monitor patient following procedure/service, multitasking 1:4														
50	CA023	Monitor patient following procedure/service, no multitasking														
51	CA024	Clean room/equipment by clinical staff	L047B	REEGT			3				3				3	
67		End: Patient leaves office														
68		POST-SERVICE PERIOD														
69		Start: Patient leaves office/facility														
72		*Office visits: List Number and Level of Office Visits*	MINUTES		# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
78	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	0.0	0.0
79		*Daytime tech reviews and edits recording, marks artifacts, scores sleep stages, performs evaluation of physiological changes*	L047B	REEGT	15		0		15		0		15		0	
82		*Prepare technician report (day technician)*	L047B	REEGT	2		0		2		0		2		0	
83	NEW	*Perform procedure/service in post-service period---NOT directly related to physician work time*	L047B	REEGT	0		17		0		17		0		17	
85		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
1	RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		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*			95800		95800		95801		95801		95806		95806	
3		*RUC Collaboration Website*			Sleep study, unattended, simultaneous recording; heart		Sleep study, unattended, simultaneous recording; heart rate,		Sleep study, unattended, simultaneous recording; minimum		Sleep study, unattended, simultaneous recording; minimum of		Sleep study, unattended, simultaneous recording of, heart		Sleep study, unattended, simultaneous recording of, heart	
4	Clinical Activity Code	Meeting Date: Aptil 2017 Tab: 32 Specialty: AAN, AASM, CHEST, ATS	Clinical Staff Type Code	Clinical Staff Type												
5		LOCATION			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		XXX			
7		TOTAL CLINICAL STAFF TIME	L047B	REEGT	49.0	0.0	49.0	0.0	46.0	0.0	49.0	0.0	51.0	0.0	54.0	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047B	REEGT	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047B	REEGT	26.0	0.0	26.0	0.0	23.0	0.0	26.0	0.0	28.0	0.0	31.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047B	REEGT	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0
86	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT												
88	SD263	WatchPAT pneumo-opt slp probes	73.42	item	1		1									
89	SK057	paper, laser printing (each sheet)	0.005	item	2		2		2		2		2		2	
90	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item	2		2		2		2		2		2	
91	SD112	sensor, airflow cannula (adult)	3	item					1		1		1		1	
92	SB022	gloves, non-sterile	0.084	pair									1		0	
93	SB026	gown, patient	0.533	item									1		0	
94	SG078	tape, surgical occlusive 1in (Blenderm)	0.007	inch			8				8		72		8	
95	SJ053	swab-pad, alcohol	0.013	item			5				5		5		5	
96	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz									1		0	
97	SM021	sanitizing cloth-wipe (patient)	0.037	item			2				2		2		2	
98	SG005	adhesive remover, liquid (Detachol) (0.67ml uou)	2.344	item			1				1				1	
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*														
100	Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA												
102	ED050	PACS Workstation Proxy	5557	Non-highly Technical Equipment Formula	23		0		20		0		28		0	
103	EQ335	WatchPAT 200 Unit with strap, cables, charger, booklet and patient video	1237.5	Other Formula	960		960				960					
104	EQ336	Oximetry and Airflow Device	1195	Other Formula			960		960		960				960	
105	EQ337	Respiratory Impedance Plethysmography Belts (pair)	470	Other Formula									960		960	
106	EQ227	sleep screening system, ambulatory (incl. hardware, software)	14877.25	Other Formula									960		0	
107																
108		*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

External Counterpulsation

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 G0166 was identified via this screen for review.

G0166 ***External counterpulsation, per treatment session***
The RUC recommends a work RVU of 0.00 for CPT code G0166 because the RUC does not believe that there is physician work involved in this service. After discussion regarding the specialty society's difficult time in reaching adequate survey respondents since there are less than 200 physicians reporting this service in the United States, the specialty society and the RUC concluded that this service is Practice Expense only. **The RUC recommends no physician work for CPT code G0166.**

Practice Expense
The Practice Expense (PE) Subcommittee discussed the equipment required for G0166, EQ012 *EECP, external counterpulsation system,* which was originally priced by CMS at $150,000 and is utilized for 60 minutes. This equipment, and the nurse time to monitor the treatment, reflects the cost of this treatment. CMS should review the latest pricing of this device. Other medical supplies were eliminated because the patient is fully clothed. It was noted that the patient returns for a total of 35 treatments and is, therefore, equipped to dress appropriately for the treatment. The PE Subcommittee agreed to delete the following supplies: razor, patient gown, and the multi-specialty pack. The PE Subcommittee also agreed to reduce the alcohol swab-pad to one. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0166	External counterpulsation, per treatment session	XXX	0.00 (PE Only)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

City of the Provider	State (	Provider Type of the Provi	Number of Services	Number of Medicare Beneficiaries	Avg # per Bene
INGLEWOOD	CA	Internal Medicine	19439	601	32
BUENA PARK	CA	Cardiology	8739	207	42
FREMONT	CA	Internal Medicine	5032	186	27
FLUSHING	NY	Cardiology	2750	95	29
LONG BEACH	CA	Internal Medicine	2164	88	25
REDDING	CA	Cardiology	2125	70	30
PINE BLUFF	AR	Cardiology	1898	72	26
OMAHA	NE	Cardiology	1713	49	35
UNION CITY	NJ	Cardiology	1634	71	23
SAN GABRIEL	CA	Cardiology	1627	63	26
ROCHESTER	MI	Cardiology	1623	56	29
MOUNT DORA	FL	Cardiology	1530	52	29
BELLAIRE	TX	Cardiology	1500	46	33
CHICAGO	IL	Cardiology	1464	55	27
HAYWARD	CA	Cardiology	1456	65	22
ODESSA	TX	Cardiology	1448	64	23
COLORADO SPRINGS	CO	Cardiology	1398	45	31
FAYETTEVILLE	NC	Cardiology	1360	48	28
HAZLET	NJ	Cardiology	1274	43	30
MOUNT VERNON	IL	Cardiology	1260	39	32
PHILADELPHIA	PA	Physical Medicine and Reh	1256	37	34
VICTORVILLE	CA	Cardiology	1256	52	24
DEL RIO	TX	Cardiology	1195	48	25
ARCADIA	CA	Cardiology	1165	43	27
WILMINGTON	NC	Cardiology	1125	36	31
AUSTIN	TX	Cardiology	1011	37	27
NATIONAL CITY	CA	Cardiology	997	38	26
SANTA FE	NM	Internal Medicine	933	32	29
AUSTIN	TX	Cardiology	858	29	30
FORT WORTH	TX	Physician Assistant	848	122	7
DAVENPORT	FL	Cardiology	811	36	23
FORT WORTH	TX	Orthopedic Surgery	807	37	22
HOUSTON	TX	Cardiology	772	43	18

SARASOTA	FL	Cardiology	753	29	26
MAPLEWOOD	NJ	Cardiology	739	35	21
FORT WORTH	TX	Cardiology	736	33	22
HANFORD	CA	Cardiology	728	29	25
NORTH ARLINGTON	NJ	Cardiology	711	21	34
FAYETTEVILLE	NC	Cardiology	668	32	21
KNOXVILLE	TN	Cardiology	660	27	24
FORT WORTH	TX	Cardiology	654	29	23
LOS ANGELES	CA	Cardiology	645	27	24
KANSAS CITY	KS	Cardiology	632	24	26
AUSTIN	TX	Cardiology	624	23	27
LAS VEGAS	NV	Cardiology	618	23	27
HOUSTON	TX	Cardiology	603	26	23
FESTUS	MO	Cardiology	583	25	23
MCALLEN	TX	Cardiology	580	26	22
NEW YORK	NY	Cardiology	565	40	14
MCALLEN	TX	Cardiology	558	23	24
LEESBURG	FL	Cardiology	549	17	32
ARCADIA	CA	Cardiology	536	18	30
KAILUA KONA	HI	Cardiology	531	17	31
LAREDO	TX	Internal Medicine	527	30	18
NAPLES	FL	Cardiology	521	29	18
ATHENS	GA	Cardiology	515	21	25
OCALA	FL	Cardiology	513	23	22
FORT WORTH	TX	Cardiology	512	24	21
WHITTIER	CA	Cardiology	504	20	25
WEAVERVILLE	CA	Cardiology	503	22	23
GRANBURY	TX	Family Practice	502	17	30
GURNEE	IL	Cardiology	502	15	33
HOUSTON	TX	Cardiology	497	19	26
MANCHESTER	CT	Cardiology	492	19	26
PLANO	TX	Cardiology	490	16	31
LAKE SUCCESS	NY	Cardiology	474	19	25
GURNEE	IL	Cardiology	473	21	23

NORTH MIAMI BEACH	FL	Internal Medicine	473	23	21
PORTLAND	OR	Cardiology	468	14	33
CINCINNATI	OH	Cardiology	461	19	24
ORANGE	CA	Cardiology	457	15	30
OWENSBORO	KY	Cardiology	455	19	24
SAINT LOUIS	MO	Cardiology	454	26	17
WATSONVILLE	CA	Cardiology	447	19	24
KINGMAN	AZ	Cardiology	440	15	29
NEPTUNE	NJ	Cardiology	433	16	27
BENTON	AR	Cardiology	432	16	27
GURNEE	IL	Cardiology	428	19	23
CLEVELAND	TX	Cardiology	423	18	24
GLENDALE	CA	Cardiology	423	24	18
ORANGE PARK	FL	Cardiology	420	13	32
HADDON HEIGHTS	NJ	Cardiology	417	79	5
HADDON HEIGHTS	NJ	Cardiology	412	76	5
CUMBERLAND	MD	Cardiology	411	13	32
ST AUGUSTINE	FL	Cardiology	409	21	19
ORANGE	CA	Cardiology	409	17	24
HUMBLE	TX	Cardiology	408	20	20
JERICHO	NY	Cardiology	406	18	23
HOUSTON	TX	Cardiology	404	23	18
ORLANDO	FL	Cardiology	403	14	29
OWOSSO	MI	Cardiology	396	12	33
NORTH ARLINGTON	NJ	Cardiology	394	12	33
LAFAYETTE	LA	Cardiology	393	12	33
BROOKLYN	NY	Internal Medicine	379	14	27
JERSEY CITY	NJ	Internal Medicine	379	36	11
HOUSTON	TX	Cardiology	377	14	27
BROWNSVILLE	TX	Cardiology	375	17	22
PALATKA	FL	Cardiology	373	15	25
LONGWOOD	FL	Cardiology	373	14	27
STERLING HGTS	MI	Cardiology	369	11	34
BROOKLYN	NY	Internal Medicine	366	35	10

SAINT LOUIS	MO	Cardiology	361	21	17
HUNTINGTON BEACH	CA	Cardiology	351	21	17
EDISON	NJ	Cardiology	350	18	19
OCALA	FL	Cardiology	344	11	31
FAJARDO	PR	Cardiology	340	12	28
WATERLOO	IA	Nurse Practitioner	337	34	10
BROOKSVILLE	FL	Cardiology	337	11	31
EL CAJON	CA	Cardiology	334	13	26
AUSTIN	TX	Cardiology	332	15	22
BROOKLYN	NY	Family Practice	327	11	30
WELLINGTON	FL	Cardiology	325	18	18
IRVINE	CA	Internal Medicine	321	13	25
FORT WORTH	TX	Internal Medicine	313	12	26
LAKE MARY	FL	Cardiology	313	11	28
DALLAS	TX	Cardiology	312	13	24
CINCINNATI	OH	Cardiology	305	14	22
OCALA	FL	Internal Medicine	304	13	23
CONROE	TX	Cardiology	299	15	20
FORT PIERCE	FL	Cardiology	298	12	25
LYNWOOD	CA	Cardiology	298	12	25
DETROIT	MI	Cardiology	285	27	11
HADDON HEIGHTS	NJ	Cardiology	276	52	5
COLUMBUS	GA	Cardiology	272	11	25
DREXEL HILL	PA	Cardiology	269	11	24
MCMURRAY	PA	Anesthesiology	268	12	22
JACKSONVILLE	FL	Cardiology	268	15	18
THE VILLAGES	FL	Cardiology	265	13	20
LAKE VILLA	IL	Family Practice	260	18	14
ELKO	NV	Cardiology	259	13	20
TOMBALL	TX	Cardiology	257	11	23
MIAMI	FL	Cardiology	253	12	21
PINE BLUFF	AR	Cardiology	253	11	23
WINTER PARK	FL	Cardiology	247	11	22
HADDON HEIGHTS	NJ	Cardiology	246	51	5

HOUSTON	TX	Cardiology	244	15	16
HAZLET	NJ	Cardiology	237	13	18
DURANT	OK	Cardiology	231	11	21
REDDING	CA	Cardiology	228	11	21
LAKE HAVASU CITY	AZ	Cardiology	222	11	20
BROOKLYN	NY	Cardiology	221	13	17
SELMA	AL	Cardiology	214	16	13
SAINT LOUIS	MO	Cardiology	213	12	18
INVERNESS	FL	Cardiology	211	14	15
CENTRALIA	IL	Cardiology	207	12	17
NEW YORK	NY	Diagnostic Radiology	205	15	14
FREMONT	CA	Internal Medicine	204	14	15
MORENO VALLEY	CA	Cardiology	198	12	17
MCKINNEY	TX	Internal Medicine	197	197	1
THE VILLAGES	FL	Cardiology	187	18	10
HADDON HEIGHTS	NJ	Cardiology	186	30	6
CLAYTON	GA	Orthopedic Surgery	186	11	17
ST PETERSBURG	FL	Cardiology	185	13	14
ST AUGUSTINE	FL	Cardiology	180	11	16
MESQUITE	TX	Internal Medicine	176	174	1
LAKE VILLA	IL	Internal Medicine	175	18	10
HENDERSON	NV	Cardiology	172	12	14
WATERLOO	IA	Cardiology	169	30	6
WATERLOO	IA	Nurse Practitioner	153	30	5
THE VILLAGES	FL	Cardiology	153	18	9
THE VILLAGES	FL	Cardiology	144	18	8
TAVARES	FL	Cardiology	122	15	8
HADDON HEIGHTS	NJ	Cardiology	120	28	4
HADDON HEIGHTS	NJ	Cardiology	110	47	2
HADDON HEIGHTS	NJ	Cardiology	109	28	4
HOUSTON	TX	Cardiology	107	16	7
TAVARES	FL	Cardiology	106	15	7
PITTSBURGH	PA	Cardiology	103	14	7
WATERLOO	IA	Cardiology	96	31	3

THE VILLAGES	FL	Cardiology	94	18	5
HADDON HEIGHTS	NJ	Cardiology	90	40	2
ARLINGTON	TX	Internal Medicine	89	88	1
WATERLOO	IA	Nurse Practitioner	87	30	3
TAVARES	FL	Cardiology	86	15	6
HOUSTON	TX	Cardiology	83	15	6
TAVARES	FL	Cardiology	83	15	6
HOUSTON	TX	Cardiology	82	14	6
WATERLOO	IA	Nurse Practitioner	77	25	3
INVERNESS	FL	Cardiology	76	12	6
TAVARES	FL	Cardiology	73	15	5
WATERLOO	IA	Cardiology	72	31	2
PITTSBURGH	PA	Cardiology	66	12	6
HADDON HEIGHTS	NJ	Cardiac Electrophysiology	53	30	2
HADDON HEIGHTS	NJ	Cardiology	52	26	2
OCALA	FL	Cardiology	52	13	4
HOUSTON	TX	Cardiology	50	12	4
INVERNESS	FL	Cardiology	49	18	3
CHERRY HILL	NJ	Internal Medicine	48	31	2
WATERLOO	IA	Cardiac Electrophysiology	45	29	2
TAVARES	FL	Cardiac Electrophysiology	43	13	3
INVERNESS	FL	Cardiology	42	11	4
INVERNESS	FL	Cardiology	41	13	3
FORT WORTH	TX	Physician Assistant	40	29	1
ATHENS	GA	Cardiology	34	11	3
HADDON HEIGHTS	NJ	Cardiac Electrophysiology	25	24	1
KAUFMAN	TX	Obstetrics/Gynecology	18	18	1
PHILADELPHIA	PA	Cardiology	17	15	1
MCKINNEY	TX	Family Practice	16	16	1
PHILADELPHIA	PA	Cardiology	15	13	1
HADDON HEIGHTS	NJ	Cardiology	15	11	1
MEDIA	PA	Cardiology	13	11	1
WORCESTER	MA	Cardiology	11	11	1

CPT Code: G0166
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: External counterpulsation, per treatment session

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 ACC specialty panel 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 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 code G0166

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: -Line 50: We recommend maintaining the 60 minutes of clinical staff time during which a nurse administers the ECP therapy.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards: -Line 50: We recommend maintaining the 60 minutes of clinical staff time during which a nurse administers the ECP therapy.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or 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 Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here: n/a

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: n/a

Service Period Clinical Activities:

Pre-Service (of Service Period): Clinical staff greet the patient and gown the patient, obtain vitals (BP, HR), prepare the room, and prepare/position patient.

Intra-Service (of Service Period): Clinical staff administer the ECP therapy. This includes monitoring the patient for pain, maintaining the patient's position on the table, monitoring the equipment and waveform while the machine applies pressure during each heartbeat.

Post-Service (of Service Period): Clinical staff clean the room/equipment

Post-Service Period Clinical Activities: 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 administer the ECP therapy. This includes monitoring the patient for pain, maintaining the patient's position on the table, monitoring the equipment and waveform while the machine applies pressure during each heartbeat.

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.

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: A 1-channel ECG machine and the external counterpulsation system are used for the entire clinical staff service period, following the non-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: 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	H	I	J	K	L	M
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 the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells***			**G0166**				**G0166**	
3		***RUC Collaboration Website***			External counterpulsation, per treatment session				External counterpulsation, per treatment session	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 33 Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**			**Clinical Staff Type Code**	**Clinical Staff Type**		
5		**LOCATION**			**Non Fac**	**Facility**			**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**	**XXX**			**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	**73.0**	**0.0**	**L037D**	RN/LPN/MTA	**73.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	**73.0**	**0.0**	**L037D**	RN/LPN/MTA	**73.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure**								
13	CA001	Complete pre-service diagnostic and referral forms	L051A	RN			L037D	RN/LPN/MTA		
14	CA002	Coordinate pre-surgery services (including test results)	L051A	RN			L037D	RN/LPN/MTA		
15	CA003	Schedule space and equipment in facility	L051A	RN			L037D	RN/LPN/MTA		
16	CA004	Provide pre-service education/obtain consent	L051A	RN			L037D	RN/LPN/MTA		
17	CA005	Complete pre-procedure phone calls and prescription	L051A	RN			L037D	RN/LPN/MTA		
18	CA006	Confirm availability of prior images/studies	L051A	RN			L037D	RN/LPN/MTA		
19	CA007	Review patient clinical extant information and questionnaire	L051A	RN			L037D	RN/LPN/MTA		
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L051A	RN			L037D	RN/LPN/MTA		
27		**End: When patient enters office/facility for surgery/procedure**								
28		**SERVICE PERIOD**								
29		**Start: When patient enters office/facility for surgery/procedure**								
30		**Pre-Service (of service period)**								
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L051A	RN	3		L037D	RN/LPN/MTA	3	
32	CA010	Obtain vital signs	L051A	RN	3		L037D	RN/LPN/MTA	3	
33	CA011	Provide education/obtain consent	L051A	RN			L037D	RN/LPN/MTA		
34	CA012	Review requisition, assess for special needs	L051A	RN			L037D	RN/LPN/MTA		
35	CA013	Prepare room, equipment and supplies	L051A	RN	2		L037D	RN/LPN/MTA	2	
36	CA014	Confirm order, protocol exam	L051A	RN			L037D	RN/LPN/MTA		
37	CA015	Setup scope (nonfacility setting only)	L051A	RN			L037D	RN/LPN/MTA		
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051A	RN	2		L037D	RN/LPN/MTA	2	
39	CA017	Sedate/apply anesthesia	L051A	RN			L037D	RN/LPN/MTA		
46		**Intra-service (of service period)**								
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L051A	RN			L037D	RN/LPN/MTA		

	A	B	D	E	H	I	J	K	L	M
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 the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells***			**G0166**				**G0166**	
3		***RUC Collaboration Website***			External counterpulsation, per treatment session				External counterpulsation, per treatment session	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 33 Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**			**Clinical Staff Type Code**	**Clinical Staff Type**		
5		**LOCATION**			**Non Fac**	**Facility**			**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**	**XXX**			**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	**73.0**	**0.0**	**L037D**	RN/LPN/MTA	**73.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	**73.0**	**0.0**	**L037D**	RN/LPN/MTA	**73.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L051A	RN			L037D	RN/LPN/MTA		
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L051A	RN			L037D	RN/LPN/MTA		
50	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	60		L037D	RN/LPN/MTA	60	
57		**Post-Service (of service period)**								
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN			L037D	RN/LPN/MTA		
59	CA023	Monitor patient following procedure/service, no multitasking	L051A	RN			L037D	RN/LPN/MTA		
60	CA024	Clean room/equipment by clinical staff	L051A	RN	3		L037D	RN/LPN/MTA	3	
79		**End: Patient leaves office**								

	A	B	D	E	H	I	J	K	L	M
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 the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells***			**G0166**				**G0166**	
3		***RUC Collaboration Website***			External counterpulsation, per treatment session				External counterpulsation, per treatment session	
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 33 Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**			**Clinical Staff Type Code**	**Clinical Staff Type**		
5		**LOCATION**			**Non Fac**	**Facility**			**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**	**XXX**			**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	**73.0**	**0.0**	**L037D**	RN/LPN/MTA	**73.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	**73.0**	**0.0**	**L037D**	RN/LPN/MTA	**73.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	**0.0**	**0.0**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
80		**POST-SERVICE PERIOD**								
81		**Start: Patient leaves office/facility**								
83	CA038	Coordinate post-procedure services	L051A	RN			L037D	RN/LPN/MTA		
97		**End: with last office visit before end of global period**								
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**			**PRICE**	**UNIT**		
99	SA048	pack, minimum multi-specialty visit	1.143	pack						
100	SB026	gown, patient	0.533	item	1				0	
101	SB036	paper, exam table	0.014	foot	7				0	
102	SB037	pillow case	0.307	item	1				1	
103	SD053	electrode, ECG (single)	0.09	item	3				3	
104	SJ053	swab-pad, alcohol	0.013	item	2				1	
105	SK059	paper, recording (per sheet)	0.067	item	4				4	
106	SK068	razor	0.389	item	1				0	
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	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**			**PRICE**	**EQUIPMENT FORMULA**		
110	EF023	table, exam	1338.17							
111	EQ009	ECG, 1-channel (Burdick)	1506	Non-highly Technical Equipment Formula	73.0			Non-highly Technical Equipment Formula	0.0	
112	EQ012	EECP, external counterpulsation system	150000	Non-highly Technical Equipment Formula	73.0			Non-highly Technical Equipment Formula	73.0	
116		*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

April 2017

Wound Closure by Adhesive

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. CMS identified G0168 via this screen.

The RUC reviewed the survey results from 125 emergency medicine physicians and determined that the current work RVU of 0.45 appropriately accounts for the work required to perform this service. The specialty society presented compelling evidence that this service has a flawed methodology in its initial CMS/Other source data and does not have survey data from the dominant specialties for physician work, time or review of direct practice expense inputs. In 2000, CMS cross-walked G0168 to 99212 *Office or other outpatient visit for the evaluation and management of an established patient* for physician work and time. The RUC determined compelling evidence was met; however, the current valuation is appropriate.

The RUC recommends 5 minutes evaluation time, 1 minute positioning time, 5 minutes intra-service time and 3 minutes immediate post-service time. The specialty societies noted and the RUC agreed that this service is typically reported with an E/M and the survey respondents were clear that the E/M of the patient for the event leading to the injury, other possible injuries, co-morbid conditions and tetanus status are separate and the service descriptor accurately describes the work of this service alone. The RUC compared the surveyed code to the top two key reference services 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07 and 12 minutes intra-service time) and 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* (work RVU = 0.84 and 10 minutes intra-service time) and determined that the physician work and time for the surveyed code is lower. For additional support to maintain the work RVU, the RUC referenced MPC code 51702 *Insertion of temporary indwelling bladder catheter; simple (eg, Foley)* (work RVU = 0.50 and 5 minutes intra-service time). **The RUC recommends a work RVU of 0.45 for code G0168.**

Practice Expense
The Practice Expense Subcommittee modified the direct practice expense inputs by removing clinical staff time to *providing education/obtain consent* (CA011) and deleted an unnecessary *exam light* (EQ168). The specialty societies and Subcommittee changes reduces the clinical staff time by 50%. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0168	Wound closure utilizing tissue adhesive(s) only	XXX	0.45 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:G0168 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: 000 Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: Wound closure utilizing tissue adhesive(s) only.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with a superficial laceration just below the right eyebrow after falling in the bathroom at home.

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: Communicate with patient (and/or family) to explain the risks, benefits, and alternatives to the procedure and obtain informed consent. Retrieve or ensure that the necessary supplies, including the adhesive, are present and available in the room. Dress appropriately for the procedure according to universal precautions. Position, prepare, and drape the patient ensuring protection of sensitive areas.

Description of Intra-Service Work: Cleanse area, including irrigation of the wound, inspection for and removal of any debris, ensure hemostasis. Position skin edges ensuring that there is good alignment with no or minimal tension. Crush the vial of tissue adhesive, invert the vial and express the adhesive through to the applicator tip. Apply the adhesive across the wound edges, holding the edges together for at least 30 seconds. Apply additional adhesive in an oval pattern around the wound. Allow the initial layer to polymerize and dry and then apply 2 additional layers of adhesive with a pause between layers to allow drying and polymerization. An additional bandage is not required.

Description of Post-Service Work: Communicate with patient and/or family as necessary. Discharge management includes instructions for continuing care of wound site, instructions for problems such as bleeding, pain, or dehiscence. Document procedure in patient’s records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Ethan Booker, MD; Jordan Celeste, MD		
Specialty(s):	ACEP		
CPT Code:	G0168		
Sample Size:	2905	**Resp N:** 125	**Response:** 4.3 %
Description of Sample:	Random selection from ACEP membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**20.00**	30.00	200.00
Survey RVW:	0.00	0.60	**0.85**	1.07	3.06
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	3.00	**5.00**	8.00	25.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	G0168	**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**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**6.00**	**-6.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**18.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
12011	000	1.07	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12001	000	0.84	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51702	000	0.50	**RUC Time**	222,465

CPT Descriptor 1 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	350,494

CPT Descriptor 2 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

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: 46 **% of respondents:** 36.8 **%**

Number of respondents who choose 2nd Key Reference Code: 38 **% of respondents:** 30.4 **%**

TIME ESTIMATES (Median)

	CPT Code: G0168	Top Key Reference CPT Code: 12011	2nd Key Reference CPT Code: **12001**
Median Pre-Service Time	6.00	0.00	0.00
Median Intra-Service Time	5.00	12.00	10.00
Median Immediate Post-service Time	3.00	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	**14.00**	**17.00**	**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%	21%	73%	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	8%	86%	4%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	89%	4%
Urgency of medical decision making	4%	91%	4%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	36%	52%	10%
Physical effort required	43%	52%	4%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	4%	80%	15%
Outcome depends on the skill and judgment of physician	4%	71%	23%
Estimated risk of malpractice suit with poor outcome	0%	80%	19%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	47%	47%	5%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	18%	73%	7%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	18%	76%	5%
Urgency of medical decision making	10%	84%	5%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	57%	34%	7%
Physical effort required	52%	42%	5%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	26%	65%	7%
Outcome depends on the skill and judgment of physician	15%	63%	21%
Estimated risk of malpractice suit with poor outcome	15%	71%	13%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M service 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. Code G0168 was identified on this list.

Survey Sample and Process

The survey request was sent to a random selection from the membership database for the American College of Emergency Physicians (ACEP). ACEP conducted a standard RUC survey and received 125 responses.

Eighty nine percent of the survey respondents found the vignette typical. Those that did not said tissue adhesives were more typically used on pediatric patients than those in the Medicare population.

Thirty six percent of survey respondents chose 12011 as a Key Reference Service.
Thirty percent of survey respondents chose 12001 as a Key Reference Service.

G0168, wound closure by tissue adhesive, unlike CPT simple laceration repair codes does not specify anatomy or length of wound but the database suggests that nearly half the time it is used for wounds of the head and it would only very rarely be used on the scalp suggesting that the most common patient has a laceration of the face, which makes 12011 the best code for a crosswalk.

Also unlike the typical patient undergoing suture or staple repair, injected local anesthesia would not be typical although some physicians do use topical anesthetics, especially on the face for both analgesia and for hemostasis as the presences of active bleeding in the wound makes application of the adhesive less effective.

The vignette used, and the Pre, Intra, and Post service work descriptors are circumscribed around the procedure itself, reflecting that it is typically done with an E/M. This was a CMS/Other valued code and as such there were no previous descriptions. We feel our respondents were clear that the evaluation of an elderly patient who presents with a superficial laceration just below the right eyebrow after falling in the bathroom at home would require other evaluation and management, and as such the service descriptors are devoid of any discussion of assessing the decision to use the adhesive or any of the other work performed in the care of this patient in the emergency department. We feel that the service descriptors accurately describe work of this service alone, and as such could be associated with a low acuity ED patient with limited comorbid conditions or the critically ill patient receiving multiple services.

Compelling Evidence

We would like to submit compelling evidence for a change in value based on a flawed methodology as this is a CMS/Other value and as such has not had RUC reviewed times and values. While there are more vendors of adhesives and changes in packaging, we do not suggest that there is a compelling change in technology, in patient population, or providers of the service.

Recommendation

We are recommending the 25th percentile from our survey with times of 7 pre, 5 intra, and 3 post, with total time of 15 and work RVU of 0.60. To be consistent with the current practice, we are recommending assigning pre-service package 1a with modifications of subtracting 8 minutes for preservice evaluation, 5 minutes from scrub, dress and wait times, and keeping the positioning time at the assigned 1 minute for a total of 7 minutes deducted. We are also subtracting 15 minutes from the post-time package 7A to reflect the median times in our survey data.

Our recommendation is 0.60 relative to 1.07 compared to key reference service of 12011.
IWPUT for the service at the recommended times and values is 0.075 which compares to 0.0680 of the key reference service 12011.

Compared to the closest CPT code that describes a laceration repair on the face, 12011 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less), this code is 43.9 % lower in value reflecting 50% less intra service time spent performing local anesthesia and reflecting generally less complex injuries although there is still several minutes of intra-service time spent in carefully aligning the wound edges and applying several layers of adhesive.

Key Reference Codes

KRS	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
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	**0.84**	0.0585	**22**	7	**10**	5
G0168	Wound closure utilizing tissue adhesive(s) only.	**0.60**	0.078	**15**	7	**5**	3
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	**1.07**	0.0680	**24**	7	**12**	5

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	**0.50**	0.0247	**25**	15	**5**	5
G0168	Wound closure utilizing tissue adhesive(s) only.	**0.60**	0.078	**15**	7	**5**	3
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	**0.66**	0.0746	**21**	11	**5**	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.

☒ Other reason (please explain) Code G0168 is typically reported with an E/M service with modifier 25 appended. Per CMS Medicare Claims Processing Manual (Chapter 12): Modifier 25 is used to report a significant, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance may be reported by adding the modifier "-25" to the appropriate level of evaluation and management 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. An office visit E/M code (99201-99205, 99211-99215) with modifer 25 appended may be reported when appropriate per payer guidelines.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0168

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? Sometimes

Specialty physicians assistant How often? Sometimes

Specialty nurse practitioners How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available in the Non-Medicare population

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? 38,852 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty emergency medicine Frequency 22600 Percentage 58.16 %

Specialty physicians assistant Frequency 7300 Percentage 18.78 %

Specialty nurse practitioners Frequency 3050 Percentage 7.85 %

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 G0168

If this code is a new/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: Wound closure utilizing tissue adhesive(s) only

TAB: 0

Emergency Physicians					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
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
1st REF	12011	Simple repair of superficial wou	46	0.0680			1.07			30	5	1	1			12			5					
2nd REF	12001	Simple repair of superficial wou	60	0.0585			0.84			22	5	1	1			10			5					
CURRENT	G0168	Wound closure utilizing tissue adhesiv		0.0316			0.45			16	2	0	0			10			4					
SVY	G0168	Wound closure utilizing tissue a	125	0.0700	0.00	0.60	0.85	1.07	3.06	18	5	2	3	1	3	5	8	25	3	0	10	20	30	200
REC	G0168			0.0780			0.45			15	5	1	0			5			3					

G0168		Intro				QUESTION 1	QUESTION 2						QUESTION 3									QUESTION 4	QUESTION 5		6	
0		Concur with	Demographical Information				Preceding	Day of Procedure					Mental Effort & Judgement Scale			Technical Skill/Physical		Psyschological Stress				Overall Complexity/Intensity	# times performed		ESTIMATED	
Closure	*Progress*	Patient							Pre-Service				Relative Rank			Relative Rank		Relative Rank							WORK RVU	
ID	Date	YES=1 NO=2	Specialty	Geographic Setting	Practice Type	REFERENCE CODE	Pre Service	eval time	position time	scrub, dress	Intra Service time	post service	DX/Mgmt Range	Records Analysis	Urgency Decision	Tech	Physical	Risk	Outcome	Malpractice	Relative Rank	New CPT	Reference CPT	NEW CPT	Explanation of NO response to Intro
ED1	3/13/2017	1	Emergency Medicine	2	2	12	0	17	4	4	14	10	0	0	0	1	1	0	0	0	0	10	10	1.2	
ED10	3/21/2017	1	Emergency Medicine	2	2	9	0	9	4	6	8	10	0	0	0	0	0	0	0	0	0	30	30	0.8	
ED100	3/11/2017	1	Emergency Medicine	3	3	9	0	10	5	5	5	5	0	0	0	-1	-1	-1	0	0	-1	20	40	0.5	
ED101	3/13/2017	1	emergency medicine	2	2	12	6	5	2	8	10	3	0	0	0	0	0	1	0	1	0	24	50	1.1	
ED102	3/10/2017	1	EM	2	2	3	0	2	3	5	3	1	1	-1	0	0	0	0	1	-1	0	100	40	0.39	
ED103	3/16/2017	1	Emergency Medicine	3	2	9	0	20	2	5	12	10	0	0	0	0	0	0	0	-1	0	15	60	1	
ED104	3/19/2017	1	Emergency Medicine	3	2	6	0	5	1	2	3	1	0	0	-1	0	-1	0	1	1	0	10	50	0.48	
ED105	3/11/2017	1	emergency medicine	3	3	12	0	2	0	2	10	0	0	0	0	-1	-1	0	0	0	0	100	100	1	
ED106	3/10/2017	1	Emergency Medicine	2	4	6	0	3	2	3	2	2	-1	0	0	1	-1	1	1	0	1	4	5	0.5	
ED107	3/12/2017	1	Emergency Medicine	2	4	12	0	9	2	1	4	12	0	0	0	1	-1	0	1	0	0	13	45	1.01	
ED108	3/11/2017	1	Emergency medicine	3	3	9	0	5	2	3	2	2	0	0	0	-1	-1	0	0	0	-1	10	8	0.7	
ED109	3/23/2017	1	Emergency Medicine	3	2	12	5	5	1	5	5	5	0	0	0	0	0	0	0	0	0	12	12	1.07	
ED11	3/13/2017	1	Emergency Medicine	3	4	12	0	0	0	3	5	2	-1	-1	0	0	-2	0	0	0	-1	20	10	0.8	
ED110	3/11/2017	1	Emergency Medicine	3	2	7	0	2	2	4	4	2	-1	-1	0	0	0	-1	0	1	-1	30	6	0.6	
ED111	3/10/2017	1	pediatric emergency medicine	3	2	12	0	10	5	5	5	5	0	0	0	0	0	0	0	0	0	20	20	1.07	
ED112	3/12/2017	1	emergency medicine	2	2	9	0	5	5	2	5	5	0	0	0	0	-1	0	0	0	0	20	30	0.84	
ED113	3/10/2017	1	emergency	3	4	12	0	10	2	0	5	0	0	0	0	-1	-1	0	0	0	-1	10	25	1.02	
ED114	3/13/2017	1	Emergency Medicine	2	2	12	0	6	3	4	25	2	1	1	0	0	0	0	1	0	0	12	120	0.7	
ED115	3/12/2017	1	Emergency Medicine	3	2	9	0	5	0	1	2	0	0	0	0	-1	0	0	0	0	0	100	75	0.8	
ED116	3/22/2017	1	Emergency Medicine	2	2	12	0	8	2	6	6	4	0	0	0	-1	-1	1	0	0	0	20	24	0.97	
ED117	3/21/2017	1	Emergency Medicine	3	4	3	0	10	2	3	5	5	1	1	1	1	0	1	1	2	1	10	20	0.4	
ED118	3/24/2017	1	Emergency Medicine	2	2	3	0	3	5	3	7	5	-1	0	-1	0	0	-1	-1	0	0	4	3	0.4	
ED119	3/15/2017	1	emergency medicine	3	2	12	10	5	3	3	6	3	0	0	0	0	0	0	0	0	0	10	12	1	
ED12	3/12/2017	1	Emergency Medicine	2	2	12	0	2	1	2	1	1	0	0	0	-1	-1	0	0	0	0	12	25	1.07	
ED120	3/22/2017	1	emergency med	2	2	6	0	10	4	6	6	7	0	0	0	1	-1	1	1	1	0	36	20	0.5	
ED121	3/12/2017	1	Emergency Medicine	3	4	9	0	2	3	3	4	4	0	0	0	-1	0	0	0	0	-1	20	30	0.94	
ED122	3/13/2017	1	EM	2	2	14	0	7	2	4	2	3	0	0	0	-1	-1	0	0	0	0	20	20	1.14	
ED123	3/11/2017	2	Emergency Medicine	3	4	9	0	10	4	5	5	5	-1	-1	-1	-1	-1	-1	-1	0	-1	20	40	0.8	superficial facial/scalp wounds that are not around the eye itself....had the experience of gluing eyelids shut in a patient with a superficial upper eyelid laceration who refused sutures (Police Officer)
ED124	3/10/2017	2	EM	3	2	12	0	5	0	2	5	3	0	0	0	0	0	0	0	0	0	20	15	1.07	Child with eyebrow lac
ED125	3/10/2017	1	Emergency Medicine	3	2	12	0	10	2	2	4	5	0	0	0	-1	-1	0	0	0	-1	100	150	1	
ED126	3/19/2017	1	Emergency Medicine	1	2	2	0	10	2	3	5	5	1	0	-1	0	-1	0	0	0	0	20	0	0.39	
ED127	3/13/2017	1	emergency medicine	3	2	12	0	10	1	1	7	7	-1	0	-1	0	0	1	1	1	-1	24	120	1.07	
ED128	3/13/2017	1	Emergency Medicine	2	2	7	0	0	2	2	5	2	1	1	0	-1	-1	-1	0	1	0	10	6	0.68	
ED129	3/13/2017	1	Emergency Medicine	2	2	14	0	5	1	3	3	1	-1	-1	-1	-1	-1	0	0	0	-1	24	24	1.14	
ED13	3/11/2017	1	emergency medicine	2	2	1	4	3	5	3	5	2	0	-1	0	1	1	-1	-1	0	0	60	200	0.44	
ED130	3/16/2017	1	EM	1	3	14	0	0	5	0	15	0	0	0	0	0	0	-1	-1	-1	0	5	8	0.3	
ED131	3/10/2017	1	emergency medicine	2	3	8	0	2	2	2	3	3	0	0	0	1	0	1	2	1	1	25	30	1	
ED132	3/10/2017	1	Emergency Medicine	2	2	9	0	2	2	3	2	1	-1	-1	0	-1	-1	-1	-1	-1	-1	20	30	0.5	
ED133	3/14/2017	1	Emergency Medicine	3	4	12	0	6	2	1	2	2	0	0	-1	-1	-1	0	0	0	-1	50	50	0.8	
ED134	3/11/2017	2	Emergency Medicine	3	4	12	0	15	5	5	10	10	0	-1	0	-1	-1	0	-1	0	-1	20	50	1.07	Same patient but not in eyelids. Or children with superficial facial lacerations
ED14	3/11/2017	1	emergency medicine	2	4	14	0	20	10	10	15	5	1	1	0	0	0	0	1	0	1	30	60	1.3	
ED16	3/13/2017	1	Emergency Medicine	3	3	9	0	6	2	4	7	3	0	-1	0	0	-1	-1	0	-1	-1	20	15	0.75	
ED17	3/10/2017	1	Emergency	2	2	14	3	3	0	0	3	5	-1	1	0	-1	-1	0	-1	-1	-1	5	10	0	
ED18	3/10/2017	1	Emergency medcine	2	2	12	0	3	2	1	2	3	0	0	0	-1	-1	0	0	0	-1	12	15	0.9	
ED19	3/14/2017	2	Pediatric Emergency Medicine	3	2	9	0	2	2	3	4	4	0	0	0	-1	0	0	1	0	-1	40	30	0.8	5 year old with similar minor facial laceration (not elderly)
ED2	3/11/2017	1	Emergency Medicine	2	2	12	0	8	2	2	15	8	0	0	0	0	0	0	0	0	0	12	50	1.06	
ED20	3/16/2017	1	Emergency Medicine	2	3	9	0	6	1	1	3	1	0	-2	0	-1	0	-1	1	1	0	60	30	1.01	
ED21	3/13/2017	1	Emergency Medicine	2	2	12	0	5	2	5	5	0	0	0	0	-1	-1	0	0	0	0	20	20	1	
ED22	3/11/2017	1	Emergency	3	2	9	0	2	1	0	2	2	-1	0	0	-2	-1	0	0	0	-1	60	48	0.5	
ED23	3/19/2017	1	Emergency Medicine	2	2	9	0	12	4	2	10	10	0	0	0	-1	0	0	0	0	0	20	40	0.9	
ED24	3/11/2017	2	Emergency Medicine	2	2	3	0	2	1	1	5	1	1	-1	1	1	0	1	1	2	1	20	1	0.75	superficiall wound spontaneously comes together in non cosmetic area
ED25	3/12/2017	1	Emergency Medicine	2	2	9	0	10	2	3	5	4	0	0	0	0	0	0	0	0	0	40	40	0.5	
ED26	3/13/2017	1	EM	3	4	12	0	5	2	2	5	5	0	0	0	0	0	0	0	0	0	50	50	1.1	
ED27	3/12/2017	1	Emergency Medicine	3	4	9	9	7	2	2	9	4	0	0	0	0	0	0	0	0	0	7	10	0.85	
ED3	3/12/2017	1	Emergency Medicine	3	4	12	0	10	5	20	5	10	0	0	0	0	-1	0	0	0	0	20	20	1.07	
ED30	3/10/2017	1	Emergency Medicine	3	3	12	0	12	5	10	7	5	0	0	0	0	0	0	1	1	0	35	60	1.1	
ED31	3/11/2017	1	Emergency Medicine	3	2	12	0	6	3	0	16	6	0	0	0	0	0	0	0	0	0	12	15	1	
ED32	3/16/2017	2	Emergency Medicine	3	4	12	0	10	5	2	5	5	0	0	0	0	0	0	0	0	0	30	18	1	pediatric patient with small facial laceration.
ED33	3/11/2017	1	Emergency Medicine	2	3	9	0	15	1	5	3	5	0	-1	-1	-2	-2	-2	-1	-1	-1	8	10	0.5	
ED34	3/22/2017	1	Emergency	3	2	9	40	30	10	5	5	15	-1	0	0	-1	-1	0	-1	0	-1	12	8	0.7	
ED35	3/11/2017	2	Pediatric Emergency Medicine	3	4	9	0	4	2	3	1	2	-1	-1	-1	0	0	-1	1	0	0	54	70	1	Patient <18 years old
ED36	3/10/2017	1	Emergency medicine	2	2	9	0	9	5	5	10	5	0	0	0	-1	1	-1	-1	0	-1	30	50	0.5	
ED37	3/11/2017	1	Emergency Medicine	3	3	9	0	5	5	2	10	0	0	-1	0	-1	-1	-1	-1	-1	-1	5	10	0.75	
ED38	3/12/2017	2	emergency medicine	1	1	12	0	10	1	0	2	5	0	0	0	-1	-1	1	0	1	0	15	20	1	anyone with a forehead or chin laceration
ED39	3/18/2017	1	Emergency Medicine	2	2	12	0	5	2	4	5	5	0	0	0	1	1	0	0	0	0	6	12	1.09	
ED4	3/10/2017	1	Emergency Medicine	3	4	5	0	10	2	2	10	2	0	0	0	1	0	0	0	0	0	3	35	0.45	
ED40	3/17/2017	1	Emergency Medicine	3	3	2	3	3	1	2	3	1	0	0	0	0	0	0	0	0	0	40	50	0.39	
ED41	3/10/2017	1	emergency medicine	3	3	12	14	14	4	5	4	7	0	0	0	0	0	1	1	1	1	60	40	1.1	
ED42	3/13/2017	1	Emergency Medicine	1	3	2	0	5	1	3	4	0	0	0	-1	1	0	1	1	1	1	15	3	0.4	
ED43	3/17/2017	1	EM	3	4	5	0	3	3	5	5	2	0	0	0	0	0	0	0	0	0	100	500	0.45	
ED44	3/12/2017	1	Emergency Medicine	2	4	8	0	4	2	2	6	3	0	0	0	0	0	0	0	0	0	30	30	0.8	
ED45	3/10/2017	1	EM	2	3	14	15	15	5	5	10	10	1	0	0	0	0	1	1	1	1	100	100	3.06	
ED46	3/10/2017	2	Emergency Medicine	3	2	12	5	5	2	2	1	1	0	0	0	-1	0	0	-1	0	0	7	10	1.07	Pediatric patient with chin laceration, frontal scalp laceration
ED47	3/19/2017	1	Emergency Medicine	1	3	5	0	5	1	2	3	2	0	0	1	1	1	0	0	0	1	15	100	0.45	
ED48	3/17/2017	1	Emergency Medicine	3	3	6	10	0	0	0	8	5	0	0	0	0	-1	0	0	0	0	15	15	0.5	
ED49	3/10/2017	1	Emergency Medicine	2	2	12	0	13	1	2	3	1	0	0	0	-1	-1	0	0	0	0	75	75	1.07	
ED5	3/16/2017	1	emergency medicine	3	4	9	0	10	2	0	5	10	0	0	0	0	0	0	0	0	0	80	40	0.84	
ED50	3/10/2017	1	Emergency Medicine	2	3	9	0	15	5	10	10	0	-1	0	0	0	-1	0	0	0	0	5	10	1	
ED51	3/11/2017	1	em	2	2	9	0	2	3	4	3	5	1	0	0	-1	-1	-1	0	0	0	100	250	0.62	
ED52	3/23/2017	2	emergency medicine	3	3	12	5	5	2	3	4	1	0	0	1	1	-1	1	1	1	0	30	150	1.07	area of akin not under tension, away from the eye and on a surface which can be kept dry
ED53	3/11/2017	1	Emergency Medicine	1	2	12	3	5	1	1	2	1	0	0	0	-1	-1	0	0	0	0	17	8	1	
ED54	3/22/2017	1	EM	2	2	9	0	10	3	6	10	3	0	0	0	-1	-1	0	0	-1	-1	100	100	0.8	
ED55	3/15/2017	1	emergency medicine	1	2																				
ED56	3/12/2017	1	emergency medicine	1	3	9	8	8	1	0	3	1	0	0	0	-1	-1	0	0	0	-1	10	15	0.84	
ED57	3/10/2017	1	emergency medicine	3	2	12	0	3	3	3	2	1	0	0	0	0	0	0	0	0	0	20	50	1.07	
ED58	3/19/2017	1	emergency	3	3	6	0	3	2	5	5	4	-1	-1	0	2	0	1	1	0	-1	12	36	0.6	
ED59	3/10/2017	1	Emergency Medicine	2	2	9	0	10	4	4	9	3	1	0	0	1	0	1	1	-1	0	5	60	0.8	
ED6	3/13/2017	1	emergency medicine	2	2	9	0	4	1	4	2	3	0	0	0	-1	-1	1	1	1	-1	25	150	0.8	
ED60	3/11/2017	1	Emergency Medicine	3	2	9	0	2	2	15	3	2	0	0	0	-1	-1	0	1	0	-1	12	25	0.8	
ED61	3/15/2017	1	Emergency Medicine	3	2	9	0	2	1	12	5	2	0	0	0	-1	-1	1	1	1	0	8	12	0.8	
ED62	3/11/2017	1	emergency	2	2	5	32	7	3	10	10	2	-1	-1	0	1	0	1	1	0	0	15	0	0.48	
ED63	3/13/2017	1	Emergency Medicine	3	2	13	0	0	3	0	6	2	0	0	0	0	0	1	0	1	0	120	50	1.1	
ED64	3/12/2017	1	EmergencyMed	3	2	12	0	25	5	4	15	15	0	1	1	0	0	0	1	0	1	20	10	1.09	
ED65	3/13/2017	1	emergency medicine	2	2	12	0	2	1	5	2	1	-1	-1	0	0	-1	0	0	0	-1	15	15	0.9	
ED66	3/13/2017	1	Emergency Medicine	2	2	12	0	10	3	5	5	3	0	0	0	0	0	0	0	0	0	60	100	1	
ED67	3/21/2017	1	Emergency Medicine	3	4	5	0	5	1	5	3	0	0	-1	1	1	-1	1	1	1	0	25	45	0.5	
ED68	3/10/2017	1	Emergency Medicine	3	2	8	0	10	3	0	6	4	1	1	1	1	1	2	1	0	1	20	0	0.75	
ED69	3/10/2017	1	Emergency Medicine	2	2	9	10	6	4	2	10	4	1	1	1	0	-1	1	1	0	1	12	20	1.01	

ED7	3/18/2017	1	Emergency Medicine	3	2	12	0	10	0	5	10	0	0	0	0	0	0	0	0	1	0	5	10	1.4	
ED70	3/16/2017	1	Emergency Medicine	3	4	4	0	2	2	2	5	2	-1	0	0	0	0	-1	0	0	0	15	6	0.4	
ED71	3/11/2017	2	Emergency Medicine	3	2	12	0	20	10	0	20	20	0	0	0	0	0	-1	0	1	0	100	100	1.07	I do not use wound glue around the eye (sometimes it drips into the eye!). The typical patient would be a young child that fell and lacerated his/her chin. If the wound was clean, it would be an excellent candidate for wound glue.
ED72	3/12/2017	1	Emergency Medicine	2	2	9	0	5	2	5	5	2	0	0	0	0	0	0	0	0	0	10	30	0.85	
ED73	3/13/2017	2	Emergency medicine	3	2	14	0	5	5	5	15	3	0	0	0	0	1	0	1	1	0	20	30	1.3	A child with a minor laceration or an elderly patient with an extremity skin care type laceration.
ED74	3/20/2017	1	Emergency	3	2	12	0	10	1	1	10	5	0	0	0	0	0	0	0	0	0	75	40	1	
ED75	3/15/2017	1	ER	3	1	9	3	3	3	3	3	2	1	1	1	2	2	0	2	1	1	30	40	1	
ED76	3/11/2017	1	Emergency Medicine	2	2	12	0	5	1	1	2	2	0	0	0	0	0	0	0	0	0	50	50	1.07	
ED77	3/11/2017	1	Emergency Medicine	3	2	9	0	12	2	5	7	10	0	0	0	-1	0	0	0	0	0	4	24	1.07	
ED78	3/10/2017	1	Emergency Medicine	3	2	5	0	20	1	2	8	2	-1	0	0	0	1	-1	-1	-1	0	6	15	0.45	
ED79	3/10/2017	1	Emergency Medicine	3	4	6	0	10	1	3	6	5	1	0	0	0	-1	0	-1	-1	0	15	20	0.5	
ED8	3/22/2017	1	Emergency Medicine	3	4	9	0	2	2	1	8	3	0	0	0	0	0	0	0	0	0	20	40	0.84	
ED80	3/17/2017	1	Emergency Medicine	3	3	13	15	12	5	5	5	7	0	1	0	1	-1	1	1	1	1	5	25	1.5	
ED81	3/22/2017	1	Emergency Medicine	2	2	5	0	5	5	1	5	1	0	-2	0	1	1	1	1	1	0	50	150	0.4	
ED82	3/15/2017	1	Emergency Medicine	3	2																				
ED83	3/13/2017	1	Emergency Medicine	3	4	14	0	1	1	2	5	1	0	0	0	-1	-1	0	0	0	-1	50	50	0.6	
ED84	3/11/2017	1	Emergency Medicine	2	2	14	0	15	5	5	15	15	0	0	0	0	0	0	0	0	0	15	40	1.14	
ED85	3/16/2017	1	Emergency Medicine	2	3	9	0	4	3	0	7	5	0	0	0	0	0	0	0	0	0	20	40	1	
ED139	3/13/2017	1	EM	1	3	8	0	3	3	10	4	5	0	0	1	-1	1	0	1	0	0	26	4	0.75	
ED140	3/11/2017	1	Emergency Medicine	3	2	6	0	3	3	3	5	2	1	-1	0	1	-1	1	1	1	1	20	15	0.65	
ED141	3/10/2017	1	Pediatric Emergency Medicine	3	4	12	0	5	2	10	2	2	0	0	0	-1	-1	0	1	0	-1	20	5	1	
ED142	3/10/2017	1	Emergency Medicine	3	4	6	0	10	6	10	15	5	-1	0	1	-1	-2	0	0	0	-1	10	14	0.5	
ED143	3/15/2017	1	EM, BC-EMS	2	2	12	0	15	5	5	15	5	0	0	0	0	0	0	0	0	0	200	400	1.25	
ED144	3/16/2017	1	Emergency Medicine	3	4	9	0	6	3	3	8	1	-1	0	0	-1	-1	0	0	0	-1	7	20	0.7	
ED145	3/11/2017	1	Emergency Medicine	3	2	9	0	3	1	4	6	5	0	0	0	1	0	0	0	0	0	10	10	0.85	
ED146	3/10/2017	1	Emergency Medicine	3	3	12	0	10	1	0	6	5	0	0	0	-2	-1	-2	2	0	0	20	50	0	
ED147	3/20/2017	1	ER	2	2	9	4	4	1	1	3	2	0	0	0	-1	-1	0	0	1	-1	5	15	0.8	
ED148	3/22/2017	1	Emergency Medicine	3	4	12	0	8	3	5	10	6	1	0	0	1	-1	0	1	0	0	14	20	1.2	
ED149	3/12/2017	1	Emergency Medicine	1	2	12	0	5	2	1	6	2	0	0	0	-1	0	0	0	0	-1	11	23	1.01	
ED150	3/17/2017	2	Emergency Medicine	2	2	12	0	2	1	1	5	2	-1	0	0	-1	0	1	1	1	0	0	12	1.2	a child with a small forehead lacertation
AVERAGE				2.453125	2.609375	9.579365079	1.6	7.1	2.6	3.6	6.3	4.0	-0.04	-0.10	0.00	-0.17	-0.37	0.05	0.22	0.15	-0.15	30	45	0.85	
MODE				3	2	#N/A	0	5	2	5	5	5	0	0	0	0	0	0	0	0	0	20	50	1.00	
MEDIAN				3	2	9	0	5	2	3	5	3	0	0	0	0	0	0	0	0	0	20	27.5	0.85	
LOW				1	1	1	0	0	0	0	1	0	-1	-2	-1	-2	-2	-2	-1	-1	-1	0	0	0.00	
HIGH				3	4	14	40	30	10	20	25	20	1	1	1	2	2	2	2	2	1	200	500	3.06	
25TH				2	2	9	0	3	1	2	3	2	0	0	0	-1	-1	0	0	0	-1	11.25	12.5	0.60	
75TH				3	3	12	0	10	3.75	5	8	5	0	0	0	0	0	0	1	0	0	30	50	1.07	
Response Cou	128																								

CPT Code: G0168
Specialty Society AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Wound closure utilizing tissue adhesive(s) only

Global Period: 000 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 AAFP used the CPT/RUC Workgroup of its Commission on Quality and Practice, which serves as the AAFP's RVS committee, as an expert panel to develop its recommendations. The workgroup is composed of 13 family physicians from various parts of the country in various practice settings, including solo, small group, and large group practices.

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 G0168 is an existing code. We are using it and its current inputs as the point of reference for our recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

(Not applicable)

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

(Not applicable)

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

(Not applicable)

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:

(Not applicable)

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: None

Service Period Clinical Activities: None

Pre-Service (of Service Period):

Intra-Service (of Service Period):

Post-Service (of Service Period):

Post-Service Period Clinical Activities: None

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:*

(Not applicable)

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.

(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:

(Not applicable)

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:

Code G0168 is an existing code that has not been through the RUC or its Practice Expense Subcommittee process before. CMS currently assigns 6 minutes of clinical labor time to this service in the facility setting but does not delineate what activities are included in that 6 minutes. CMS also assigns select medical supplies and equipment to this service in the facility setting.

We are proposing that this service should have no direct practice expense inputs in the facility setting.

CPT Code: G0168
Specialty Society AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Wound closure utilizing tissue adhesive(s) only

Global Period: 000 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 AAFP used the CPT/RUC Workgroup of its Commission on Quality and Practice, which serves as the AAFP's RVS committee, as an expert panel to develop its recommendations. The workgroup is composed of 13 family physicians from various parts of the country in various practice settings, including solo, small group, and large group practices.

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 G0168 is an existing code. We are using it and its current inputs as the point of reference for our recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

(Not applicable)

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

We are recommending 5 minutes for CA018 (Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)), for which there is no PE standard. Wound closure requires clinical staff to assist the physician 100% of the time, because clinical staff re-approximate and hold the skin together while the physician applies the tissue adhesive. The number of minutes reflects the physician intra-service time from the associated survey of physician work.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending the addition of supply item SH069 (sodium chloride 0.9% irrigation (500-1000ml uou) for wound irrigation. This code has not previously undergone RUC review, and CMS assigned the current inputs. We cannot account for why CMS did not include this supply in the process, so it is difficult to speak to the compelling evidence for adding it during this initial RUC review of the code. We do believe it is typical to irrigate a wound before repairing it, and one of the Practice Expense Subcommittee reviewers suggested this item.

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:

Code G0168 is an existing code that has not been through the RUC or its Practice Expense Subcommittee process before. CMS currently assigns 20 minutes of clinical labor time to this service in the non-facility setting but does not delineate what activities are included in that 20 minutes. We have assigned our recommended clinical staff time to activities established by the PE Subcommittee. Our recommended clinical staff time is 10 minutes. Because CMS does not delineate the current 20 minutes, we cannot explain the 10 minute difference between our recommendation and the current inputs.

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities: None

Service Period Clinical Activities:

Pre-Service (of Service Period):
CA013 (Prepare room, equipment, and supplies) – 2 minutes (PE standard)
Clinical staff gathers necessary supplies for wound closure and lays out supplies for the physician.

Intra-Service (of Service Period):

CA018 (Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)) – 5 minutes
Clinical staff assists physician with wound closure by re-approximating and holding the skin together while the physician applies the tissue adhesive.

Post-Service (of Service Period):

CA024 (Clean room/equipment by clinical staff) – 1 minute (PE standard is 3 minutes)
Clinical staff disposes of supplies used in the wound closure. (Requested time is less than PE standard, given that this procedure is typically done in conjunction with a separately reported E/M service.)

CA029 (Check dressings, catheters, wounds) – 1 minute (PE standard)
Clinical staff checks dressing on wound to ensure it is secure, no signs of bleeding, etc.

CA035 (Review home care instructions, coordinate visits/prescriptions) – 1 minutes (PE standard is 2)
Clinical staff explains care of wound when patient gets home, signs of infection to watch for, and what to do for pain or if patient experiences complications. Clinical staff addresses related questions from patient.

Post-Service Period Clinical Activities: None

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 re-approximates and holds the skin together while the physician applies the tissue adhesive.

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.

(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:

EF023	table, exam	Non-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:

(Not applicable)

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	C	D	E	H	I	J	K
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 the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells***				**G0168**		**G0168**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 34 - Wound Closure by Adhesive - Revised 2017-04-27 Specialty: American Academy of Family Physicians**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Wound closure utilizing tissue adhesive(s) only		Wound closure utilizing tissue adhesive(s) only	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**							
12		**Start: Following visit when decision for surgery or procedure made**							
13	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA				
14	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA				
15	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA				
16	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA				
17	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA				
18	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L037D	RN/LPN/MTA				
19	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA				
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
21				L037D	RN/LPN/MTA				
22				L037D	RN/LPN/MTA				
23				L037D	RN/LPN/MTA				
24		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
25		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
26		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
27		**End: When patient enters office/facility for surgery/procedure**							

	A	B	C	D	E	H	I	J	K
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7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
28		**SERVICE PERIOD**							
29		**Start: When patient enters office/facility for surgery/procedure:**							
30		**Pre-Service (of service period)**							
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L037D	RN/LPN/MTA				
32	CA010	Obtain vital signs	Vital Sign Standards Level 0 (no vital signs taken) = 0 minutes Level 1 (1-3 vitals) = 3 minutes Level 2 (4-6 vitals) = 5 minutes	L037D	RN/LPN/MTA				
33	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L037D	RN/LPN/MTA			0	
34	CA012	Review requisition, assess for special needs	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
35	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA			2	
36	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA				
37	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.	L037D	RN/LPN/MTA				
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA				
39	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L037D	RN/LPN/MTA				
40				L037D	RN/LPN/MTA				
41				L037D	RN/LPN/MTA				
42				L037D	RN/LPN/MTA				
43		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
44		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
45		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
46		**Intra-service (of service period)**							
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA			5	
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA				
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	This is NOT standard Percentage must be included on PE SOR	L037D	RN/LPN/MTA				
50	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L037D	RN/LPN/MTA				
51				L037D	RN/LPN/MTA				
52				L037D	RN/LPN/MTA				
53				L037D	RN/LPN/MTA				
54	Old	*Service total (per CMS)*		L037D	RN/LPN/MTA	20	6		
55		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
56		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				

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6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
57		**Post-Service (of service period)**							
58	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.	L037D	RN/LPN/MTA				
59	CA023	Monitor patient following procedure/service, no multitasking	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
60	CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA			1	
61	CA025	Clean scope	Standards For Scope Cleaning --5 minutes for a disposable scope, --10 minutes for a rigid scope, and --30 minutes for a flexible scope	L037D	RN/LPN/MTA				
62	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in equipment (based on guidelines) Basic Surgical Instrument Package--10 minutes Medium Surgical Instrument Package--15 minutes	L037D	RN/LPN/MTA				
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
65	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA			1	
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	This is NOT standard. Baseline time for this activity is 2 minute. For use in imaging services.	L037D	RN/LPN/MTA				
67	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L037D	RN/LPN/MTA				
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA				
69	CA033	Perform regulatory mandated quality assurance activity (service period)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
71	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities.	L037D	RN/LPN/MTA			1	
72	CA036	Discharge day management	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)	L037D	RN/LPN/MTA	**n/a**		**n/a**	
73				L037D	RN/LPN/MTA				
74				L037D	RN/LPN/MTA				
75				L037D	RN/LPN/MTA				
76		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
77		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
78		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
79		**End: Patient leaves office**							

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6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
80		**POST-SERVICE PERIOD**							
81		**Start: Patient leaves office/facility**							
82	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments Phone calls/emails/texts need to be fully justified, as the post op e/m codes already contain time for phone calls/emails/texts and adding any additional phone calls/emails/texts would be duplicative.	L037D	RN/LPN/MTA				
83	CA038	Coordinate post-procedure services	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
84		***Office visits: List Number and Level of Office Visits***		**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**
85		99211 16 minutes		16					
86		99212 27 minutes		27					
87		99213 36 minutes		36					
88		99214 53 minutes		53					
89		99215 63 minutes		63					
90	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
91				L037D	RN/LPN/MTA				
92				L037D	RN/LPN/MTA				
93				L037D	RN/LPN/MTA				
94		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
95		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
96		*Other activity: please include short clinical description here and type new in column A*		L037D	RN/LPN/MTA				
97		**End: with last office visit before end of global period**							

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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**20.0**	**6.0**	**10.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
98	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**				
99	SB007	drape, sterile barrier 16in x 29in		0.494	item	1	0	0	0
100	SB006	drape, non-sterile, sheet 40in x 60in		0.222	item	0	0	1	0
101	SB007	drape, sterile barrier 16in x 29in		0.494	item	1	0	0	0
102	SB022	gloves, non-sterile		0.084	pair	4	2	2	0
103	SB024	gloves, sterile		0.84	pair	1	0	0	0
104	SB026	gown, patient		0.533	item	1	1	0	0
105	SB033	mask, surgical		0.196	item	1	0	0	0
106	SB036	paper, exam table		0.014	foot	14	7	0	0
107	SC064	syringe-needle 3ml 22-26g		0.16	item	1	0	0	0
108	SF033	scalpel with blade, surgical (#10-20)		0.694	item	1	0	0	0
109	SG007	adhesive, skin (Dermabond)		30.068	item	1	0	1	0
110	SG035	dressing, 3in x 4in (Telfa, Release)		0.144	item	1	1	1	0
111	SG054	gauze, sterile 3in x 3in		0.093	item	6	0	0	0
112	SG055	gauze, sterile 4in x 4in		0.159	item	2	2	2	0
113	SH047	lidocaine 1%-2% inj (Xylocaine)		0.035	ml	20	0	0	0
114	SJ028	hydrogen peroxide		0.003	ml	20	10	0	0
115	SJ041	povidone soln (Betadine)		0.008	ml	10	0	10	0
116	SJ053	swab-pad, alcohol		0.013	item	2	0	2	0
117	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)		2.074	item	0	0	1	0
118									
119	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	**PRICE**	**EQUIPMENT FORMULA**				
120	EF023	table, exam		1338.17	Non-highly Technical Equipment Formula	76	16	10	0
121	EQ168	light, exam		1630.12	Non-highly Technical Equipment Formula	76	16	0	0
122									
123									
124									
125									
126		*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

April 2017

Removal of Impacted Cerumen

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 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. Code G0268 was identified for review.

G0268 was created by CMS to track how often removal of cerumen was performed on the same date as audiologic function testing. The specialty society did not survey G0268 since this service mirrors CPT code 69210 *Removal impacted cerumen requiring instrumentation, unilateral* (work RVU = 0.61). The specialty societies indicated and the RUC agreed that code 69210 and G0268 represent the same physician work. CPT code 69210 was recently RUC reviewed in January 2013 and the evaluation time was reduced to account for this service typically being performed with an E/M. The RUC noted that 69210 is for one ear, however CMS rejected the RUC's lower work RVU recommendation and maintained the previous bilateral work RVU. Additionally, CMS does not allow a bilateral indicator for 69210. Therefore, the two services are reported the same for Medicare purposes. The RUC recommends a direct crosswalk of G0268 to CPT code 69210 and recommends 3 minutes evaluation, 2 minutes positioning, 10 minutes intra-service time and 2 minutes immediate post-service time. **The RUC recommends a work RVU of 0.61 for G0268.**

Vignette
The RUC recommends that the same vignette for 69210 be added to the RUC database for G0268:

> A 69-year-old male presents with a recent worsening of hearing in the left ear over a several-day period. He is found to have a cerumen impaction filling the entire external auditory canal. The physician physically removes the cerumen from the canal with instrumentation and magnification.

Practice Expense
The Practice Expense Subcommittee deleted *exam light* (EQ168) because the otoscope has a light. The PE Subcommittee discussed that the specialty recommended reducing the amount of *specula tip, otoscope* (SM025) from the current for G0268 because as is reflected in 69210 the same speculum is used in both ears for the same patient. Therefore there is no duplication in direct practice expense if reported bilaterally. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	000	0.61 (No Change)

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AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

March 26, 2017

Peter Smith, MD
Chair, AMA Relative Update Committee
American Medical Association
330 N. Wabash Ave.
Suite 39300
Chicago, IL 60611

Dear Dr. Smith:

I am writing on behalf of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), regarding the valuation of **Tab 35: *Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing*** (G0268). Our specialty society elected not to survey this code, as the physician work involved in providing the service exactly mirrors that of CPT 69210 R*emoval impacted cerumen requiring instrumentation, unilateral*, identically. As you may recall, CPT 69210 was surveyed and revalued in January 2013 by the RUC. The G code (G0268) was recently captured by the CMS screen to review services which are typically provided with an E/M visit. We believe that crosswalking this code, which was created by the Centers for Medicare & Medicaid Services (CMS) as a tracking code to evaluate how often removal of cerumen was done on the same date of service as audiologic function testing, to CPT 69210 is reasonable. CPT 69210 and G0268 represent the exact same physician work and patient population. Furthermore, 69210 is also typically done on the same day as an E/M, which was taken into account by the RUC and CMS in assigning a final value in January 2013. Additionally, it was brought to our attention that G0268 does not have a vignette in the existing RUC database. To resolve this we also request that the vignettes approved for 69210 be assigned to G0268, as they represent identical work and patient populations.

In sum, we request that the RUC approve the following:

1) Approve the following values (also outlined in a summary of recommendations spreadsheet attached) for G0268 using CPT 69210 as a crosswalk which has a physician work RVU of .60 and a preservice package 5 with times of 5 pre (3 evaluation and 2 positioning) / 10 intra / 2 post for a total of 17 minutes.
2) Approve identical practice expense inputs for G0268 as contained in CPT 69210.
3) Assign the approved 2013 vignette for 69210 to G0268 in the RUC database. This vignette reads as follows: A 69-year-old male presents with a recent worsening of hearing in the left ear over a several-day period. He is found to have a cerumen impaction filling the entire external auditory canal. The physician physically removes the cerumen from the canal with instrumentation and magnification.

Thank you in advance for your consideration of this request. Should you have any questions or concerns regarding this matter, please contact our RUC staff, Jenna Minton, Esq., at: mintonhealthcarestrategies@gmail.com or 517.927.8696.

Sincerely,



R. Peter Manes, MD
AAO-HNS RUC Advisor

ISSUE: Removal of Cerumen (G0268)

TAB: 35

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
CURRENT	G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing		0.041			0.61			19	5	2				10			2
Jan 13'	69210	Removal impacted cerumen requiring instrumentation, unilateral	312	0.045			0.61			17	3	2				10			2
SVY	N/A																		
REC	G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing		0.045			0.61			17	3	2				10			2

CPT Code: G0268
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: 000 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 Practice Expense Committee:

Our societies convened an expert panel comprised of our RUC Advisors and Alternate Advisors, all of which are familiar with this service, relied on the recently valued CPT 69210 direct PE inputs to derive recommendations for the direct PE inputs for G0268, as they represent identical physician and clinical staff work, as well as PE equipment and supplies.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We selected 69210 as our reference code when determining our recommendations for practice expense for the G0268, and used the existing inputs as a comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

There are no pre-service clinical labor activities in the office setting for CPT G0268.

Intra-Service Clinical Labor Activities:

During the intra-service period, the clinical labor performed includes: providing pre-service education and obtaining consent, preparing the room equipment, and supplies, positioning the patient for the procedure, assisting the physician in performing the procedure, cleaning the room and equipment, and cleaning the instruments. Of note, tasks such as greeting the patient and obtaining vitals are omitted as they are captured as part of the work of the E/M visit done on the same day. Additionally, the standard cleaning time of 10 minutes for a basic instrument pack is not used and has been reduced down to 3 minutes, as you are only cleaning a few items for this procedure which takes less staff time.

Post-Service Clinical Labor Activities:

There are no post-service clinical labor time in the office setting for CPT G0268.

	A	B	D	E	F	G	H	I	J	K
1	RUC Practice Expense Spreadsheet				REFERENCE CODE		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			CPT Code G0268 (Typical w/ E/M)		CPT Code 69210 (Typical w/ E/M)		HCPCS Code G0268 (Typical w/ E/M)	
3		RUC Collaboration Website								
4	Clinical Activity Code	Meeting Date: REVISED April 2017 Tab: 35 Specialty: AAO-HNS	Clinical Staff Type Code	Staff Type	Removal impacted cerumen requiring instrumentation, unilateral		Removal impacted cerumen requiring instrumentation, unilateral		Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	
5		LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD			000	000	000	000	000	000
7		TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	26.0	0.0	23.0	0.0	23.0	0.0
8		TOTAL PRE-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	26.0	0.0	23.0	0.0	23.0	0.0
10		TOTAL POST-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0
11		PRE-SERVICE PERIOD								
12		Start: Following visit when decision for surgery or procedure made								
13	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA						
14	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA						
15	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA						
16	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
17	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA						
18	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA						
19	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA						
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA						
21			L037D	RN/LPN/MTA						
22			L037D	RN/LPN/MTA						
23			L037D	RN/LPN/MTA						
24		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
25		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
26		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
27		End: When patient enters office/facility for surgery/procedure								
28		SERVICE PERIOD								
29		Start: When patient enters office/facility for surgery/procedure:								
30		Pre-Service (of service period)								
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3					

	A	B	D	E	F	G	H	I	J	K
32	CA010	Obtain vital signs	L037D	RN/LPN/MTA						
33	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	3		3		3	
34	CA012	Review requistion, assess for special needs	L037D	RN/LPN/MTA						
35	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	2		2		2	
36	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA						
37	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA						
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	2		2		2	
39	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
40			L037D	RN/LPN/MTA						
41			L037D	RN/LPN/MTA						
42			L037D	RN/LPN/MTA						
43		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
44		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
45		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
46		**Intra-service (of service period)**								
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA	10		10		10	
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA						
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA						
50	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA						
51			L037D	RN/LPN/MTA						
52			L037D	RN/LPN/MTA						
53			L037D	RN/LPN/MTA						
54		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
55		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
56		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
57		**Post-Service (of service period)**								
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA						
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA						
60	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3		3		3	

	A	B	D	E	F	G	H	I	J	K
61	CA025	Clean scope	L037D	RN/LPN/MTA						
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	3		3		3	
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA						
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA						
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA						
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA						
67	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA						
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA						
69	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA						
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA						
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA						
72	CA036	Discharge day management	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**	
73			L037D	RN/LPN/MTA						
74			L037D	RN/LPN/MTA						
75			L037D	RN/LPN/MTA						
76		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
77		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
78		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
79		**End: Patient leaves office**								
80		**POST-SERVICE PERIOD**								
81		**Start: Patient leaves office/facility**								
82	CA037	Conduct patient communications	L037D	RN/LPN/MTA						
83	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA						
84		***Office visits: List Number and Level of Office Visits***	**MINUTES**		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
85		99211 16 minutes	16							
86		99212 27 minutes	27							
87		99213 36 minutes	36							

	A	B	D	E	F	G	H	I	J	K
88		99214 53 minutes	53							
89		99215 63 minutes	63							
90	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
91			L037D	RN/LPN/MTA						
92			L037D	RN/LPN/MTA						
93			L037D	RN/LPN/MTA						
94		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
95		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
96		*Other activity: please include short clinical labor description here and type new in column A*	L037D	RN/LPN/MTA						
97		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	I	J	K
98	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**	**G0268**		**69210**		**G0268**	
99	SA048	pack, minimum multi-specialty visit	1.143	pack	1		1		1	
100	SB044	underpad 2 ft x 3ft (chux)	0.23	item	1					
101	SC053	syringe 20ml	0.558	item	1					
102	SF023	curette for ear cerumen	0.919	item	2		2		2	
103	SG008	applicator, cotton-tipped, non-sterile 6 in	0.007	item	2		2		2	
104	SJ010	basin, emesis	0.216	item	1		1		1	
105	SM025	specula tips, otoscope	0.03	item	2		1		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*								
108	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
109	EF023	table, exam	1338.17	Non-highly Technical Equipment Formula	26		20		20	
110	EQ189	otoscope-ophthalmoscope (wall unit)	694	Non-highly Technical Equipment Formula			10		10	
111	EQ168	light, exam	1630.12	Non-highly Technical Equipment Formula	26		20		0	